

www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NU       | MBER: 010000001        |                               | CITY OR TOWN BEVE   | RLY                    |
|------------------|------------------------|-------------------------------|---|------------------------|
| APPLICATIO       | N FOR RENEWAL:         | Annual                        | LICENSED FO   | PR 2013                |
|                  |                        | CLASS                         |   | YEAR                   |
| LICENSEE N       | AME: BEVERLY L         | ODGE #1309 OF B.P.O.E         | OF THE U.S.A.   |                        |
| DOING BUSI       | NESS A                 |                               |   |                        |
| ADDRESS 39       | BOW ST                 |                               |   |                        |
| CITY/TOWN:       | : BEVERLY              | STATE: MA                     | ZIP CODE: 01915   | 5                      |
| MANAGER:         | RIDEOUT,<br>RUSSELL R. | TYPE OF LICENSE: Clu          | b CATEGO  | RY: All Alcohol        |
| EMAIL ADDI       | RESS:                  |                               |   |                        |
|                  | PLEASE ALSO VISIT      | OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS  |                        |
|                  | N OF LICENSED PR       |                               |   |                        |
| FLOOR,TWO        |                        | ENT WITH ONE ROOM             | LOOR,FOUR ROOMS ON T<br>ON SECOND FLOOR FOR   |                        |
| I hereby certify | y and swear under pen  | alties of perjury that:       |   |                        |
| 1. the           | renewed license will l | be of the same type for the   | same premises now licensed  | 1;                     |
| 2. the           | licensee has complied  | with all laws of the Comn     | nonwealth relating to taxes;  | and                    |
| 3. the           | premises are now ope   | n for business (If not expla  | ain below)  |                        |
|                  |                        |                               |   |                        |
| SIGNED BY        |                        | artner or Authorized Corpo    | orate Officer   |                        |
|                  |                        |                               |   |                        |
|                  |                        |                               |   |                        |
| DATE:            | TELEP                  | HONE NUMBER:                  | EMPLOYER IDENTIF  |                        |
|                  |                        |                               | (Note: <u>NOT</u> Individual So   | ocial Security Number) |
| Acts of 2004,    | signed by the building | ng inspector and the head     | e certificate required by Cl<br>l of the fire department for<br>rance required by Chapter | r the above            |
| Please Check Bel | ow:                    |                               | LOCAL LICENSING AU  | JTHORITY               |
| APPROVED:        |                        |                               | By:   |                        |
| DISAPPROVI       |                        |                               |   |                        |
| (If disapprove   | a expiain)             |                               |   |                        |
|                  |                        |                               |   |                        |
| DATE:            |                        |                               |   |                        |
|                  |                        |                               |   |                        |



www.mass.gov/abcc

| LICENSE NUMBER: 010000002  | C  | ITY OR TOWN BEVERLY  |        |  |
|--|--|--|--------|--|
| APPLICATION FOR RENEWAL:   | Annual   | LICENSED FOR 2013  |        |  |
|  | CLASS  | YEAR   |        |  |
| LICENSEE NAME: VITTORI- ROCCI PO   | OST #56 OF   |  |        |  |
| DOING BUSINESS A ITALIAN AMER.W  | VAR VETS.  |  |        |  |
| ADDRESS 143 BRIMBAL AVE  |  |  |        |  |
| CITY/TOWN: BEVERLY   | STATE: MA  | ZIP CODE: 01915  |        |  |
| MANAGER: RUSSO,SALVATO TYPE RE   | OF LICENSE: Club   | CATEGORY: All Al   | cohol  |  |
| EMAIL ADDRESS:   |  |  |        |  |
| PLEASE ALSO VISIT OUR WEBS   | ITE AND ENTER YOUR EMAIL   | ADDRESS  |        |  |
| DESCRIPTION OF LICENSED PREMISE  |  |  |        |  |
| ONE HALL, 6 ROOMS, KITCHEN, LADIE<br>STORAGE IN BASEMENT, ONE HALL, 3<br>BEHIND STAGE ON FIRST FLOOR OF C  | ROOMS,KITCHEN  | AND LARGE STORAGE AREA   |        |  |
| I hereby certify and swear under penalties of  | f perjury that:  |  |        |  |
| 1. the renewed license will be of the  | e same type for the same   | me premises now licensed;  |        |  |
| 2. the licensee has complied with al   | l laws of the Common   | nwealth relating to taxes; and   |        |  |
| 3. the premises are now open for bu  | siness (If not explain   | below)   |        |  |
| SIGNED BY Individual, Partner or   | · Authorized Corporat  | e Officer  |        |  |
|  |  |  |        |  |
| DATE:  |  | EMBLOVED IDENTIFICATION AND  | ADED.  |  |
| DATE: TELEPHONE  | NUMBER:  | EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Notes)   |        |  |
| DATE: TELEPHONE I  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license of 2010.           | possession (1) the cector and the head of                            | (Note: <u>NOT</u> Individual Social Security Note: <u>NOT</u> Individual Security NoTE: <u></u> | of the |  |
| We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:                          | possession (1) the coector and the head of<br>quor liability insuran | (Note: <u>NOT</u> Individual Social Security Note: <u>NOT</u> Individual Security NoTE: <u></u> | of the |  |
| We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:               | possession (1) the cector and the head of<br>quor liability insura   | (Note: <u>NOT</u> Individual Social Security Note: <u>NOT</u> Individual Social Security Note that required by Chapter 304 of the fire department for the above nee required by Chapter 116 of the   | of the |  |
| We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:  DISAPPROVED: | possession (1) the cector and the head of<br>quor liability insura   | (Note: NOT Individual Social Security Note: NOT Individual Social Security Note Principle of the fire department for the above ace required by Chapter 116 of the LOCAL LICENSING AUTHORITY  | of the |  |
| We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:               | possession (1) the cector and the head of<br>quor liability insura   | (Note: NOT Individual Social Security Note: NOT Individual Social Security Note Principle of the fire department for the above ace required by Chapter 116 of the LOCAL LICENSING AUTHORITY  | of the |  |
| We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:  DISAPPROVED: | possession (1) the cector and the head of<br>quor liability insura   | (Note: NOT Individual Social Security Note: NOT Individual Social Security Note Principle of the fire department for the above ace required by Chapter 116 of the LOCAL LICENSING AUTHORITY  | of the |  |



www.mass.gov/abcc

| LICENSE NUMBE              | R: 010000003            |                        | CITY OR TOWN         | 1 BEVERLY             |                 |
|----------------------------|-------------------------|------------------------|----------------------|-----------------------|-----------------|
| APPLICATION FO             | R RENEWAL:              | Annual                 | LICE                 | NSED FOR 20           | 013             |
|                            |                         | CLASS                  |                      |                       | YEAR            |
| LICENSEE NAME              | : BEVERLY RESTA         | AURANT GROUP           | LLC                  |                       |                 |
| DOING BUSINESS             | S A FIBBER McGEE        | E'S                    |                      |                       |                 |
| ADDRESS 104 CA             | BOT ST                  |                        |                      |                       |                 |
| CITY/TOWN: BE              | VERLY                   | STATE: MA              | ZIP CODE:            | 01915                 |                 |
| MANAGER: DeC               | ORIO, CRAIG M. TY       | PE OF LICENSE: R       | estaurant            | CATEGORY:             | All Alcohol     |
| EMAIL ADDRESS              | :                       |                        |                      |                       |                 |
|                            | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR  | EMAIL ADDRESS        |                       |                 |
|                            | LICENSED PREMI          |                        |                      |                       |                 |
| TWO ROOMS AND<br>BUILDING  | D KITCHEN WITH (        | CELLAR FOR STO         | RAGE ON FIRST I      | FLOOR OF 2 S          | STORY           |
| I hereby certify and       | swear under penalties   | s of perjury that:     |                      |                       |                 |
| 1. the renev               | wed license will be of  | the same type for th   | ne same premises no  | w licensed;           |                 |
|                            | see has complied with   |                        | •                    | to taxes; and         |                 |
| 3. the prem                | ises are now open for   | business (If not exp   | olain below)         |                       |                 |
| GIGNED DV                  |                         |                        |                      |                       |                 |
| SIGNED BY                  | Individual, Partner     | or Authorized Cor      | porate Officer       |                       |                 |
|                            |                         |                        |                      |                       |                 |
|                            |                         |                        |                      |                       |                 |
| DATE:                      | TELEPHON                | IE NUMBER:             | EMPLOY               | ER IDENTIFICAT        | ION NUMBER:     |
|                            |                         |                        | (Note: NOT I         | Individual Social So  | ecurity Number) |
| We the undersigne          | ed, attest that we are  | e in possession (1) t  | he certificate requi | ired by Chapte        | er 304 of the   |
| Acts of 2004, signe        | ed by the building in   | spector and the he     | ad of the fire depar | rtment for the        | above           |
| named license and of 2010. | (2) the certificate of  | f liquor liability ins | surance required by  | y Chapter 116         | of the Acts     |
| Please Check Below:        |                         |                        | LOCAL LICEN          | ISING AUTU            | )DITV           |
| APPROVED:                  |                         |                        | By:                  | ISING ACTIC           | JKIT I          |
| DISAPPROVED:               |                         |                        | ,                    |                       |                 |
| (If disapproved expl       | ain)                    |                        |                      |                       |                 |
|                            |                         |                        |                      |                       |                 |
| DATE:                      |                         |                        |                      |                       |                 |
| APPLICATION FOR RENE       | WAL MUST BE FILED BY L  | ICENSEES DURING THE    | MONTH OF NOVEMBER    | (M.G.L. Ch. 138 \$ 16 | 5A)             |



www.mass.gov/abcc

| LICENSE NUMBER: 010000004                                | (                           | CITY OR TOWN BEVERLY   |
|--|-----------------------------|--|
| APPLICATION FOR RENEWAL:                                 | Annual                      | LICENSED FOR 2013  |
|  | CLASS                       | YEAR   |
| LICENSEE NAME: UNION CLUB I                              | NC                          |  |
| DOING BUSINESS A   |                             |  |
| ADDRESS 141 CABOT ST                                     |                             |  |
| CITY/TOWN: BEVERLY                                       | STATE: MA                   | ZIP CODE: 01915  |
| MANAGER: SPLAINE,FREDERI T CK C.                         | YPE OF LICENSE: Club        | CATEGORY: All Alcohol  |
| EMAIL ADDRESS:   |                             |  |
| PLEASE ALSO VISIT OUR                                    | WEBSITE AND ENTER YOUR EMA  | AIL ADDRESS  |
| DESCRIPTION OF LICENSED PREM                             |                             |  |
| FIVE ROOMS AND ONE ROOM FOR THIRD FLOOR OF A THREE STORY |                             | ND FLOOR,AND FOUR ROOMS ON   |
| I hereby certify and swear under penalti                 | ies of perjury that:        |  |
| 1. the renewed license will be                           | of the same type for the s  | ame premises now licensed;   |
| 2. the licensee has complied w                           | ith all laws of the Commo   | onwealth relating to taxes; and  |
| 3. the premises are now open f                           | or business (If not explain | n below)   |
|  |                             |  |
| SIGNED BY  |                             |  |
| Individual, Partr  | ner or Authorized Corpora   | ate Officer  |
|  |                             |  |
|  |                             |  |
| DATE: TELEPHO  | ONE NUMBER:                 | EMPLOYER IDENTIFICATION NUMBER:  |
|  |                             | (Note: NOT Individual Social Security Number)  |
| Acts of 2004, signed by the building                     | inspector and the head      | certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts |
| Please Check Below:                                      |                             | LOCAL LICENSING AUTHORITY  |
| APPROVED:  |                             | By:  |
| DISAPPROVED: (If disapproved explain)                    |                             |  |
| (II disappiored explain)                                 |                             | _  |
|  |                             |  |
| DATE:  |                             | _  |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000006   |  | CITY OR TOWN   | BEVERLY      |             |
|---|--|--|--------------|-------------|
| APPLICATION FOR RENEWAL:  | Annual   | LICEN  | SED FOR 20   | 13          |
|   | CLASS  |  |              | YEAR        |
| LICENSEE NAME: NIKITAS HOSPI  | TALITY INCORPOR  | ATED   |              |             |
| DOING BUSINESS A SOMA RESTAU  | URANT  |  |              |             |
| ADDRESS 256 CABOT ST  |  |  |              |             |
| CITY/TOWN: BEVERLY  | STATE: MA  | ZIP CODE:  | 01915        |             |
| MANAGER: PARAS, NIKITA TY   | PE OF LICENSE: Res   | taurant CA   | ATEGORY:     | All Alcohol |
| EMAIL ADDRESS:  |  |  |              |             |
| DESCRIPTION OF LICENSED PREM ONE ROOM FIRST FLOOR, CELLAR, I hereby certify and swear under penaltie  1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open for SIGNED BY | ONE ROOM FOR STORES of perjury that:  If the same type for the heal laws of the Communication | ORAGE same premises now nonwealth relating to the below) |              |             |
| DATE: TELEPHOI  | NE NUMBER:   | EMPLOYER<br>(Note: <u>NOT</u> Ind                        | IDENTIFICAT  |             |
| We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.   | nspector and the head  | of the fire departr                                      | nent for the | above       |
| Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  |  | LOCAL LICENS By:   | ING AUTHO    | DRITY       |
| DATE:   |  |  |              |             |



www.mass.gov/abcc

| LICENSE NU              | MBER: 010000007            |                           | CITY OR TOWN BEVERI  | ΔY                 |
|-------------------------|----------------------------|---------------------------|--|--------------------|
| APPLICATIO:             | N FOR RENEWAL:             | Annual                    | LICENSED FOR   | 2013               |
|                         |                            | CLASS                     |  | YEAR               |
| LICENSEE NA             | AME: BRENDEN CRO           | CKER'S WILD HORS          | E CAFE, INC.   |                    |
| DOING BUSI              | NESS A                     |                           |  |                    |
| ADDRESS 39              | 2 CABOT ST                 |                           |  |                    |
| CITY/TOWN:              | BEVERLY                    | STATE: MA                 | ZIP CODE: 01915  |                    |
| MANAGER:                | ORAIBI, MILISSA TY<br>BETH | PE OF LICENSE: Res        | taurant CATEGORY   | 7: All Alcohol     |
| EMAIL ADDR              | RESS:                      |                           |  |                    |
|                         | PLEASE ALSO VISIT OUR V    | VEBSITE AND ENTER YOUR EM | IAIL ADDRESS   |                    |
|                         | N OF LICENSED PREMI        |                           |  |                    |
| FOUR ROOM<br>STORY BUIL |                            | CELLAR FOR STOR           | RAGE ON FIRST FLOOR OF   | A ONE              |
| I hereby certify        | y and swear under penaltie | s of perjury that:        |  |                    |
| 1. the                  | renewed license will be of | the same type for the     | same premises now licensed;  |                    |
| 2. the                  | licensee has complied with | h all laws of the Comm    | nonwealth relating to taxes; and   | d                  |
| 3. the                  | premises are now open for  | r business (If not expla  | in below)  |                    |
|                         |                            |                           |  |                    |
| SIGNED BY               |                            |                           |  |                    |
|                         | Individual, Partne         | r or Authorized Corpo     | rate Officer   |                    |
|                         |                            |                           |  |                    |
|                         |                            |                           |  |                    |
| DATE:                   | TELEPHON                   | NE NUMBER:                | EMPLOYER IDENTIFIC   |                    |
|                         |                            |                           | (Note: NOT Individual Socia  | 1 Security Number) |
| Acts of 2004,           | signed by the building in  | spector and the head      | e certificate required by Cha<br>of the fire department for the<br>rance required by Chapter 1 | he above           |
| Please Check Belo       |                            |                           | LOCAL LICENSING AUT  | HORITY             |
| APPROVED:               |                            |                           | By:  |                    |
| DISAPPROVI              |                            |                           |  |                    |
| (If disapproved         | т ехыяш)                   |                           |  |                    |
|                         |                            |                           | -  |                    |
| DATE:                   |                            |                           |  |                    |
|                         |                            |                           |  |                    |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | R: 010000010  |                 | CITY           | OR TOWN        | BEVERLY      |             |
|--|---|-----------------|----------------|----------------|--------------|-------------|
| APPLICATION FOI  | R RENEWAL:  | Annua           | վ              | LICENS         | SED FOR 20   | 13          |
|  |   | CLAS            | S              |                |              | YEAR        |
|  | STERLING MARIE A THE LUCKY DOO  |                 | SES, INC       |                |              |             |
| ADDRESS 127-29 (   |   | J               |                |                |              |             |
| CITY/TOWN: BEV   |   | STATE:          | MA ZI          | IP CODE:       | 01915        |             |
|  | NTON, JANINETYPI  |                 |                |                |              | All Alcohol |
|  | NTON, JANINET ITI   | E OF LICENS     | . Kestaurani   | L CF           | ATEGORI.     | All Alcohol |
| EMAIL ADDRESS:   | PLEASE ALSO VISIT OUR WEE   | OCITE AND ENTED | VOUD EMAIL ADD | DECC           |              |             |
|  | LICENSED PREMISI  |                 | TOUR EMAIL ADD | RESS           |              |             |
|  | TCHEN WITH CELL   |                 | RAGE ON F      | IRST FLOOF     | R OF TWO S   | TORY        |
| I hereby certify and s   | swear under penalties o   | of perjury that | :              |                |              |             |
|  | ved license will be of the  |                 | _              |                |              |             |
|  | ee has complied with a  |                 |                | •              | taxes; and   |             |
| 3. the premi   | ses are now open for b  | ousiness (If no | t explain belo | ow)            |              |             |
| SIGNED BY  | Individual, Partner o   | or Authorized   | Corporate Of   | fficer         |              |             |
| DATE:  | TELEPHONE   | E NUMBER:       | (              | EMPLOYER       |              | ION NUMBER: |
| Acts of 2004, signed   | d, attest that we are i<br>d by the building insp<br>(2) the certificate of l | pector and th   | e head of the  | e fire departr | nent for the | above       |
| Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain | ain)  |                 | LOC<br>By:     | CAL LICENS     | ING AUTHO    | DRITY       |
| DATE:  |   |                 |                |                |              |             |



www.mass.gov/abcc

| LICENSE NU                         | MBER: 010000013  |                                       | CITY OR TOWN        | BEVERLY                         |  |
|------------------------------------|--|---------------------------------------|---------------------|---------------------------------|--|
| APPLICATIO:                        | N FOR RENEWAL:   | Annual                                | LICENSED FOR 2013   |                                 |  |
|                                    |  | CLASS                                 |                     | YEAR                            |  |
| DOING BUSI                         | AME: ENDICOTT COL  |                                       |                     |                                 |  |
|                                    | 7 HALE STREET  |                                       |                     |                                 |  |
| CITY/TOWN:                         | BEVERLY  | STATE: MA                             | ZIP CODE:           | 01915                           |  |
| MANAGER:                           | Geyer, Eileen M. TY  | PE OF LICENSE: Rest                   | caurant CA          | ATEGORY: All Alcohol            |  |
| EMAIL ADDF                         | RESS:  |                                       |                     |                                 |  |
|                                    | PLEASE ALSO VISIT OUR W<br>N OF LICENSED PREMI                                     | VEBSITE AND ENTER YOUR EM             | AIL ADDRESS         |                                 |  |
| ROOM, A SOL<br>AND SHALL AND GARDE |  | I, KITHCEN AND ST<br>E PATIO, LAWN AN | ORAGE AREAA C       | ON FIRST FLOOR                  |  |
| •                                  | y and swear under penalties  |                                       |                     |                                 |  |
|                                    | renewed license will be of   |                                       |                     |                                 |  |
|                                    | licensee has complied with<br>premises are now open for                            |                                       | ě                   | taxes; and                      |  |
|                                    | premises are now open for  | - Justices (if not explain            | m below)            |                                 |  |
| SIGNED BY                          | Individual, Partne   | r or Authorized Corpor                | rate Officer        |                                 |  |
|                                    |  |                                       |                     |                                 |  |
|                                    |  |                                       |                     |                                 |  |
| DATE:                              | TELEPHON   | NE NUMBER:                            |                     | IDENTIFICATION NUMBER:          |  |
|                                    |  |                                       | (Note: NOT Ind      | ividual Social Security Number) |  |
| Acts of 2004,                      | rsigned, attest that we are signed by the building in e and (2) the certificate of | spector and the head                  | of the fire departm | nent for the above              |  |
| Please Check Belo                  | <u>ow:</u>   |                                       | LOCAL LICENS        | ING AUTHORITY                   |  |
| APPROVED:                          |  |                                       | By:                 |                                 |  |
| DISAPPROVI<br>(If disapproved      |  |                                       |                     |                                 |  |
| (11 disappioved                    | · explain)   |                                       |                     |                                 |  |
|                                    |  |                                       |                     |                                 |  |
| DATE:                              |  |                                       |                     |                                 |  |
|                                    |  |                                       |                     |                                 |  |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000014  |                        | CITY OR TOWN BEVERLY  |  |
|--|------------------------|---|--|
| APPLICATION FOR RENEWAL:   | Annual                 | LICENSED FOR 2013   |  |
|  | CLASS                  | YEAR  |  |
| LICENSEE NAME: BUCK HAU INC  |                        |   |  |
| DOING BUSINESS A CHINA JADE  |                        |   |  |
| ADDRESS 000R44 DODGE ST  |                        |   |  |
| CITY/TOWN: BEVERLY   | STATE: MA              | ZIP CODE: 01915   |  |
| MANAGER: LEUNG, ANDREW TYPE K.   | OF LICENSE: Rest       | taurant CATEGORY: All Alcohol   |  |
| EMAIL ADDRESS:   |                        |   |  |
| PLEASE ALSO VISIT OUR WEBS   | SITE AND ENTER YOUR EM | MAIL ADDRESS  |  |
| DESCRIPTION OF LICENSED PREMISE  | S:                     |   |  |
| TWO DINING ROOMS AND KITCHEN O<br>STORY BLOCK BLDG AT REAR 44 DOI  |                        | WITH CELLAR FOR STORAGE IN 2  |  |
| I hereby certify and swear under penalties of  | f perjury that:        |   |  |
| 1. the renewed license will be of the  |                        | _   |  |
| 2. the licensee has complied with al   |                        | · ·   |  |
| 3. the premises are now open for bu  | ısıness (If not expla  | un below)   |  |
| GIGNED DV  |                        |   |  |
| SIGNED BY Individual, Partner or   | r Authorized Corpor    | rate Officer  |  |
|  |                        |   |  |
|  |                        |   |  |
| DATE: TELEPHONE  | NUMBER:                | EMPLOYER IDENTIFICATION NUMBER:   |  |
|  |                        | (Note: <u>NOT</u> Individual Social Security Number)  |  |
|  |                        |   |  |
| Acts of 2004, signed by the building inspe   | ector and the head     | e certificate required by Chapter 304 of the<br>l of the fire department for the above<br>rance required by Chapter 116 of the Acts |  |
| Acts of 2004, signed by the building inspendent license and (2) the certificate of license and (3) the certificate of lic | ector and the head     | of the fire department for the above  |  |
| Acts of 2004, signed by the building insponamed license and (2) the certificate of license 2010.  Please Check Below: APPROVED:  | ector and the head     | of the fire department for the above rance required by Chapter 116 of the Acts  |  |
| Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:  DISAPPROVED:   | ector and the head     | of the fire department for the above rance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY                           |  |
| Acts of 2004, signed by the building insponamed license and (2) the certificate of license 2010.  Please Check Below: APPROVED:  | ector and the head     | of the fire department for the above rance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY                           |  |
| Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:  DISAPPROVED:   | ector and the head     | of the fire department for the above rance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY                           |  |



www.mass.gov/abcc

| LICENSE NUM                 | ABEK: 010000015                      |                            | CITY OR TOV                   | VN BEVERLI   |
|-----------------------------|--------------------------------------|----------------------------|-------------------------------|--|
| APPLICATION                 | FOR RENEWAL:                         | Annual                     | LIC                           | CENSED FOR 2013  |
|                             |                                      | CLASS                      |                               | YEAR   |
| LICENSEE NA<br>DOING BUSIN  | ME: NORTH SHOWNESS A                 | RE BISTRO LLC              |                               |  |
| ADDRESS DU                  | NHAM RD                              |                            |                               |  |
| CITY/TOWN:                  | BEVERLY                              | STATE: MA                  | ZIP CODE                      | : 01915  |
| MANAGER:                    | KENDALL,<br>SUZANNE                  | TYPE OF LICENSE:R          | estaurant                     | CATEGORY: All Alcohol  |
| EMAIL ADDRI                 |                                      | UR WEBSITE AND ENTER YOUR  | EMAIL ADDRESS                 |  |
| DESCRIPTION                 | OF LICENSED PRE                      | EMISES:                    |                               |  |
| CART, 2 SATT<br>TO RESTAURA | ELITE STANDS,LO<br>ANT. ENTIRE FIRST |                            | STANDS,8 EXI<br>EATRE ARTS AN | ING CHAMPAGNE<br>TS TO LOBBY. 3 EXITS<br>ND EDUCATION BLDG.                          |
| I hereby certify            | and swear under pena                 | lties of perjury that:     |                               |  |
| 1. the re                   | enewed license will be               | e of the same type for the | ne same premises              | now licensed;  |
| 2. the li                   | icensee has complied                 | with all laws of the Con   | nmonwealth relati             | ng to taxes; and   |
| 3. the p                    | premises are now open                | for business (If not exp   | olain below)                  |  |
| SIGNED BY                   | Individual, Par                      | tner or Authorized Cor     | porate Officer                |  |
|                             |                                      |                            |                               |  |
| DATE:                       | TELEPH                               | IONE NUMBER:               | EMPLO                         | OYER IDENTIFICATION NUMBER:  |
|                             |                                      |                            | (Note: <b>NO</b> )            |  |
| Acts of 2004, s             | igned by the building                | g inspector and the he     | ad of the fire dep            | quired by Chapter 304 of the<br>partment for the above<br>by Chapter 116 of the Acts |
| Please Check Belov          | <u>w:</u>                            |                            | LOCAL LIC                     | ENSING AUTHORITY   |
| APPROVED:                   |                                      |                            | By:                           |  |
| DISAPPROVE (If disapproved  |                                      |                            |                               |  |
| (11 disappioved             | CAPIGIII)                            |                            |                               | ·  |
|                             |                                      |                            |                               |  |
| DATE:                       |                                      |                            |                               |  |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000017  |                      | CITY OR TOWN       | BEVERLY      |             |
|--|----------------------|--------------------|--------------|-------------|
| APPLICATION FOR RENEWAL:   | Annual               | LICEN              | SED FOR 20   | )13         |
|  | CLASS                |                    |              | YEAR        |
| LICENSEE NAME: NOT YOUR AVERAGE  | GE JOE'S INC         |                    |              |             |
| DOING BUSINESS A NOT YOUR AVERA  | AGE JOE'S            |                    |              |             |
| ADDRESS 45 ENON ST   |                      |                    |              |             |
| CITY/TOWN: BEVERLY   | STATE: MA            | ZIP CODE:          | 01915        |             |
| MANAGER: WEADOCK, THOMAS J. III  | OF LICENSE: Res      | taurant C.         | ATEGORY:     | All Alcohol |
| EMAIL ADDRESS:   |                      |                    |              |             |
| PLEASE ALSO VISIT OUR WEBSIT   | TE AND ENTER YOUR EM | AIL ADDRESS        |              |             |
| DESCRIPTION OF LICENSED PREMISES   | :                    |                    |              |             |
| APPROX. 5000 SQFT. W/ FRONT AND RESEATING AREA AND RECEIVING AREA  |                      |                    | E, RESTROC   | OMS,        |
| I hereby certify and swear under penalties of  | perjury that:        |                    |              |             |
| 1. the renewed license will be of the  |                      | =                  |              |             |
| 2. the licensee has complied with all  |                      | · ·                | o taxes; and |             |
| 3. the premises are now open for bus   | iness (If not expla  | in below)          |              |             |
|  |                      |                    |              |             |
| SIGNED BY Individual, Partner or   | Authorized Corpo     | rate Officer       |              |             |
| marviduu, rumer or   | ramorized Corpo      | Tute Officer       |              |             |
|  |                      |                    |              |             |
| DATE: TELEPHONE N  | HIMDED.              | EMPLOYER           | DENTIFICAT   | ION NUMBER: |
| I ELEFHONE IV  | ONIDER.              | (Note: NOT Inc     |              |             |
| We the undersigned, attest that we are in a Acts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010. | ctor and the head    | of the fire depart | ment for the | above       |
| Please Check Below:  |                      | LOCAL LICENS       | SING AUTHO   | ORITY       |
| APPROVED:  |                      | By:                |              |             |
| DISAPPROVED:   |                      |                    |              |             |
| (If disapproved explain)   |                      |                    |              |             |
|  |                      |                    |              |             |
|  |                      |                    |              |             |



www.mass.gov/abcc

| LICENSE NUMBE                    | CR: 010000018         |   | CITY OR TO       | OWN BEVERL                             | Y             |
|----------------------------------|-----------------------|---|------------------|--|---------------|
| APPLICATION FO                   | OR RENEWAL:           | Annual  | L                | ICENSED FOR                            | 2013          |
|                                  |                       | CLASS   |                  |  | YEAR          |
| LICENSEE NAME<br>DOING BUSINESS  |                       | PEAR WWII POST #3<br>LEGION, INC.   | 331 AMERICA      | N LEGION,INC                           |               |
| ADDRESS 3 JUDS                   | ON ST                 |   |                  |  |               |
| CITY/TOWN: BE                    | VERLY                 | STATE: MA   | ZIP COI          | DE: 01915                              |               |
| MANAGER: PEF                     | RRY, SCOTT T          | YPE OF LICENSE: V   | eterans club     | CATEGORY                               | : All Alcohol |
| EMAIL ADDRESS                    | :                     |   |                  |  |               |
|                                  | PLEASE ALSO VISIT OUR | R WEBSITE AND ENTER YOUR  | EMAIL ADDRESS    |  |               |
| DESCRIPTION OF                   | FLICENSED PREM        | MISES:  |                  |  |               |
| ONE ROOM AND OF ONE STORY B      |                       | RST FLOOR AND FIV   | /E ROOMS AN      | ND BAR IN BASI                         | EMENT         |
| I hereby certify and             | swear under penalt    | ies of perjury that:  |                  |  |               |
| 1. the renev                     | wed license will be   | of the same type for th   | e same premise   | s now licensed;                        |               |
| 2. the licen                     | see has complied w    | ith all laws of the Con   | nmonwealth rela  | ating to taxes; and                    | l             |
| 3. the prem                      | nises are now open f  | for business (If not exp  | olain below)     |  |               |
| SIGNED BY                        | Individual, Parti     | ner or Authorized Corp  | oorate Officer   |  |               |
|                                  |                       |   |                  |  |               |
| DATE:                            | TELEPHO               | ONE NUMBER:   |                  | LOYER IDENTIFICA  OT Individual Social |               |
| Acts of 2004, signe              | ed by the building    | nre in possession (1) to<br>inspector and the head<br>of liquor liability ins | ad of the fire d | epartment for th                       | e above       |
| Please Check Below:              |                       |   | LOCAL LI         | CENSING AUTI                           | HORITY        |
| APPROVED:                        |                       |   | By:              |  |               |
| DISAPPROVED: (If disapproved exp | Lain)                 |   |                  |  |               |
| (II disappioved exp              | iuiii <i>)</i>        |   |                  |  |               |
|                                  |                       |   |                  |  |               |
| DATE:                            |                       |   |                  |  |               |
| APPLICATION FOR RENE             | EWAL MUST BE FILED B  | Y LICENSEES DURING THE  | MONTH OF NOVEM   | IBER (M.G.L. Ch. 138 \$                | 16A)          |



www.mass.gov/abcc

| LICENSE NUMBER                    | R: 010000019        |   | CITY OR TOWN                       | BEVERLY          |                 |
|-----------------------------------|---------------------|---|------------------------------------|------------------|-----------------|
| APPLICATION FOI                   | R RENEWAL:          | Annual  | LICENS                             | SED FOR 20       | )13             |
|                                   |                     | CLASS   |                                    |                  | YEAR            |
| LICENSEE NAME:                    | JUBILEE YA          | CHT CLUB  |                                    |                  |                 |
| DOING BUSINESS                    | A                   |   |                                    |                  |                 |
| ADDRESS 127 Wat                   | er St               |   |                                    |                  |                 |
| CITY/TOWN: BEV                    | /ERLY               | STATE: MA   | ZIP CODE:                          | 01915            |                 |
| MANAGER: PAT                      | TERSON,<br>ICY A.   | TYPE OF LICENSE: Clu  | b CA                               | ATEGORY:         | All Alcohol     |
| EMAIL ADDRESS:                    |                     |   |                                    |                  |                 |
|                                   | PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YOUR EM   | IAIL ADDRESS                       |                  | _               |
| DESCRIPTION OF                    |                     |   |                                    |                  |                 |
| FIVE ROOMS ON T<br>FLOOR WITH STO |                     | OOR WITH RESTROOMS<br>ESTROOMS.   | S, THREE ROOMS                     | ON THE SE        | COND            |
| I hereby certify and s            | swear under pena    | alties of perjury that:   |                                    |                  |                 |
| 1. the renew                      | ed license will b   | be of the same type for the   | same premises now                  | licensed;        |                 |
| 2. the licens                     | ee has complied     | with all laws of the Comm   | nonwealth relating to              | taxes; and       |                 |
| 3. the premi                      | ses are now oper    | n for business (If not expla  | in below)                          |                  |                 |
|                                   |                     |   |                                    |                  |                 |
| SIGNED BY                         |                     |   |                                    |                  |                 |
|                                   | Individual, Pa      | rtner or Authorized Corpo   | rate Officer                       |                  |                 |
|                                   |                     |   |                                    |                  |                 |
|                                   |                     |   |                                    |                  |                 |
| DATE:                             | TELEPI              | HONE NUMBER:  | EMPLOYER<br>(Note: <u>NOT</u> Indi |                  | TON NUMBER:     |
|                                   |                     |   | (100c. <u>1101</u> mg              | ividuai Sociai S | ecurity Number) |
| Acts of 2004, signed              | d by the buildin    | e are in possession (1) the<br>ag inspector and the head<br>te of liquor liability insu | of the fire departn                | nent for the     | above           |
| Please Check Below:               |                     |   | LOCAL LICENS                       | ING AUTHO        | ORITY           |
| APPROVED:                         |                     |   | By:                                |                  |                 |
| DISAPPROVED:                      | oin)                |   |                                    |                  |                 |
| (If disapproved expla             | 1111 <i>)</i>       |   |                                    |                  |                 |
|                                   |                     |   |                                    |                  |                 |
| DATE:                             |                     |   |                                    |                  |                 |
|                                   |                     |   |                                    |                  |                 |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000021   |                           | CITY OR TOWN   | BEVERLY            |                  |
|---|---------------------------|--|--------------------|------------------|
| APPLICATION FOR RENEWAL:  | Annual                    | LICENS   | SED FOR 201        | 3                |
|   | CLASS                     |  | Y                  | EAR              |
| LICENSEE NAME: DEPOT OF BEV   | ERLY INC., THE            |  |                    |                  |
| DOING BUSINESS A BEVERLY DE   | POT RESTAURANT            |  |                    |                  |
| ADDRESS 10 PARK ST  |                           |  |                    |                  |
| CITY/TOWN: BEVERLY  | STATE: MA                 | ZIP CODE:  | 01915              |                  |
| MANAGER: SWANSON, WILLIAM   | YPE OF LICENSE: Resi      | taurant CA   | ATEGORY:           | All Alcohol      |
| EMAIL ADDRESS:  |                           |  |                    |                  |
| PLEASE ALSO VISIT OUR   | WEBSITE AND ENTER YOUR EM | AIL ADDRESS  |                    |                  |
| DESCRIPTION OF LICENSED PREM  |                           |  |                    |                  |
| 2 ROOMS,KITCHEN,STORAGE ROC<br>FUNCTION ROOM AND SERVICE B  |                           |  |                    | ONE              |
| I hereby certify and swear under penaltic   | es of perjury that:       |  |                    |                  |
| 1. the renewed license will be o  | • •                       | -  |                    |                  |
| 2. the licensee has complied wi   |                           | •  | taxes; and         |                  |
| 3. the premises are now open for  | or business (If not expla | in below)  |                    |                  |
|   |                           |  |                    |                  |
| SIGNED BY   | er or Authorized Corpor   | rota Officar   |                    |                  |
| marviquai, r artir  | er of Authorized Corpor   | rate Officer   |                    |                  |
|   |                           |  |                    |                  |
| DATE:   |                           |  |                    |                  |
| TELEPHO   | NE NUMBER:                | EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number) |                    |                  |
|   |                           | (11010. <u>1401</u> IIIdi  | ividuai Sociai Scc | unity (vulliber) |
| We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010. | nspector and the head     | of the fire departn  | nent for the a     | bove             |
| Please Check Below:   |                           | LOCAL LICENS   | ING AUTHO          | RITY             |
| APPROVED:   |                           | By:  |                    |                  |
| DISAPPROVED:  |                           |  |                    |                  |
| (If disapproved explain)  |                           |  |                    |                  |
|   |                           |  |                    |                  |
| DATE:   |                           |  |                    |                  |



www.mass.gov/abcc

| LICENSE NUMBE                                      | R: 010000022   |               | CI          | IY OR IOW      | N DEVEKLI           |                  |
|--|--|---------------|-------------|----------------|---------------------|------------------|
| APPLICATION FO                                     | R RENEWAL:   | Annu          | al          | LICE           | ENSED FOR 2         | 013              |
|  |  | CLAS          | SS          |                |                     | YEAR             |
| LICENSEE NAME:<br>DOING BUSINESS<br>ADDRESS 44 PAR |  | )-AMERICA     | AN CLUB     | , INC          |                     |                  |
|  |  | CTATE.        | MA          | ZIP CODE:      | 01015               |                  |
| CITY/TOWN: BE                                      |  | STATE:        |             |                | 0.27.22             |                  |
| MANAGER: GATA.                                     | TES, WILLIAM TYPE  | OF LICEN      | SE:Club     |                | CATEGORY:           | All Alcohol      |
| EMAIL ADDRESS:                                     |  |               |             |                |                     |                  |
|  | PLEASE ALSO VISIT OUR WEBS   | ITE AND ENTER | YOUR EMAIL  | ADDRESS        |                     |                  |
|  | LICENSED PREMISE   |               |             |                |                     |                  |
| BOILER ROOM,OI                                     | M,BOARD ROOM,TV I<br>FFICE,UTILITY ROOM<br>FORY BLDG. 2 FUNCT<br>MAIN LEVEL        | I,STORAG      | E, DELIV    | ERY ROOM       | AND BAR ON          | LOWER            |
| I hereby certify and                               | swear under penalties of   | perjury tha   | t:          |                |                     |                  |
| 1. the renev                                       | ved license will be of the   | same type     | for the sar | ne premises no | ow licensed;        |                  |
| 2. the licens                                      | see has complied with al   | l laws of the | Common      | wealth relatin | g to taxes; and     |                  |
| 3. the prem  | ises are now open for bu   | siness (If no | ot explain  | below)         |                     |                  |
| SIGNED BY  | Individual, Partner or   | · Authorized  | l Corporat  | e Officer      |                     |                  |
|  |  |               |             |                |                     |                  |
| DATE:  | TELEPHONE I  | NUMBER:       |             |                | ER IDENTIFICAT      |                  |
|  |  |               |             | (Note: NOT     | Individual Social S | Security Number) |
| Acts of 2004, signe                                | ed, attest that we are in<br>d by the building inspe<br>(2) the certificate of lic | ector and th  | ne head of  | the fire depa  | rtment for the      | above            |
| Please Check Below:                                |  |               | I           | LOCAL LICE     | NSING AUTH          | ORITY            |
| APPROVED:  |  |               | I           | Зу:            |                     |                  |
| DISAPPROVED:                                       | -:>  |               |             |                |                     |                  |
| (If disapproved expl                               | ain)   |               | •           |                |                     |                  |
|  |  |               |             |                |                     |                  |
| DATE:  |  |               |             |                |                     |                  |
|  |  |               |             |                |                     |                  |



www.mass.gov/abcc

| LICENSE NUMBER         | C: 010000025   |                         | CITY OR TOWN          | DE VEKL I  |
|------------------------|--|-------------------------|-----------------------|--|
| APPLICATION FOI        | R RENEWAL:   | Annual                  | LICENS                | SED FOR 2013   |
|                        |  | CLASS                   |                       | YEAR   |
| LICENSEE NAME:         | LA FIESTA INC  |                         |                       |  |
| DOING BUSINESS         | A ANCHOR PUB &   | GRILLE                  |                       |  |
| ADDRESS 018-22 (       | CABOT ST   |                         |                       |  |
| CITY/TOWN: BEV         | ERLY   | STATE: MA               | ZIP CODE:             | 01915  |
| MANAGER: BOU<br>JOSE   | DREAU, TYPI<br>EPH C.                                      | E OF LICENSE: Res       | taurant CA            | ATEGORY: All Alcohol   |
| EMAIL ADDRESS:         |  |                         |                       |  |
|                        | PLEASE ALSO VISIT OUR WEI                                  | SSITE AND ENTER YOUR EM | IAIL ADDRESS          |  |
| DESCRIPTION OF         | LICENSED PREMIS  | ES:                     |                       |  |
| BLDG. W/ 1 32'X13      | HEN & BAR ON FIR<br>' ADDITION ON 1 LI<br>AREA, ADDITION ( | EVEL; 43'X12' ADD       | o. FOR STORAGE        | & 2 BATHRMS @  |
| I hereby certify and s | wear under penalties                                       | of perjury that:        |                       |  |
| 1. the renew           | ed license will be of the                                  | ne same type for the    | same premises now     | licensed;  |
| 2. the licens          | ee has complied with a                                     | all laws of the Comm    | nonwealth relating to | taxes; and   |
| 3. the premi           | ses are now open for b                                     | ousiness (If not expla  | in below)             |  |
| SIGNED BY              | Individual, Partner o                                      | or Authorized Corpo     | rate Officer          |  |
|                        |  |                         |                       |  |
| DATE:                  | TELEPHONE  | NUMBER:                 |                       | IDENTIFICATION NUMBER:   |
|                        |  |                         | (Note: NOT Indi       | ividual Social Security Number)  |
| Acts of 2004, signed   | d by the building insp                                     | pector and the head     | of the fire departn   | d by Chapter 304 of the<br>nent for the above<br>Chapter 116 of the Acts |
| Please Check Below:    |  |                         | LOCAL LICENS          | ING AUTHORITY  |
| APPROVED:              |  |                         | By:                   |  |
| DISAPPROVED:           |  |                         |                       |  |
| (If disapproved expla  | nin)   |                         | -                     |  |
|                        |  |                         |                       |  |
| DATE:                  |  |                         |                       |  |
|                        |  |                         |                       |  |



www.mass.gov/abcc

| LICENSE NUMBER: 01000                     | 0027                                 | CITY OR TOWN BEVERLY  |
|---|--------------------------------------|---|
| APPLICATION FOR RENE                      | WAL: Annual                          | LICENSED FOR 2013   |
|   | CLASS                                | YEAR  |
| LICENSEE NAME: DEEP                       | ENTERPRISES INC.                     |   |
| DOING BUSINESS A ANN                      | MOL INDIAN RESTAURANT                |   |
| ADDRESS 258 RANTOUL                       | ST                                   |   |
| CITY/TOWN: BEVERLY                        | STATE: MA                            | ZIP CODE: 01915   |
| MANAGER: SINGH, DID                       | AR TYPE OF LICENSE:                  | Restaurant CATEGORY: All Alcohol  |
| EMAIL ADDRESS:                            |                                      |   |
| PLEASE AI                                 | LSO VISIT OUR WEBSITE AND ENTER YOUR | E EMAIL ADDRESS   |
| DESCRIPTION OF LICENS                     |                                      |   |
| LOUNGE, TWO DINING ROBLDG WITH CELLAR FOR |                                      | CE ON FIRST FLOOR OF THREE STORY  |
| I hereby certify and swear un             | der penalties of perjury that:       |   |
| 1. the renewed licen                      | se will be of the same type for the  | he same premises now licensed;  |
|   | •                                    | mmonwealth relating to taxes; and   |
| 3. the premises are r                     | now open for business (If not ex     | plain below)  |
|   |                                      |   |
| SIGNED BY<br>Indivi                       | dual, Partner or Authorized Cor      | porate Officer  |
|   | <b>,</b>                             |   |
|   |                                      |   |
| DATE:                                     | TELEPHONE NUMBER:                    | EMPLOYER IDENTIFICATION NUMBER:   |
|   | TEEDI HOLLE IVENIBER                 | (Note: <u>NOT</u> Individual Social Security Number)                                    |
| We the understand ettect                  | that we are in negacion (1)          | the contificate recovined by Chapter 204 of the   |
|   |                                      | the certificate required by Chapter 304 of the ead of the fire department for the above |
| named license and (2) the of 2010.        | ertificate of liquor liability in    | surance required by Chapter 116 of the Acts   |
| Please Check Below:                       |                                      | LOCAL LICENSING AUTHORITY   |
| APPROVED:                                 |                                      | By:   |
| DISAPPROVED:                              |                                      |   |
| (If disapproved explain)                  |                                      |   |
|   |                                      |   |
| DATE:                                     |                                      |   |
| APPLICATION FOR RENEWAL MUST              | BE FILED BY LICENSEES DURING THE     | E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)   |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE        | AK: 010000028        |                           | CITY       | OR IOWN BEVER   | ⊿ I                 |
|----------------------|----------------------|---------------------------|------------|---|---------------------|
| APPLICATION FO       | OR RENEWAL:          | Annual                    |            | LICENSED FOR  | 2013                |
|                      |                      | CLASS                     |            |   | YEAR                |
| LICENSEE NAME        | : EASYSTREET         | OPERATIONS INC            |            |   |                     |
| DOING BUSINESS       | S A JACOB'S CO       | RNER PUB                  |            |   |                     |
| ADDRESS 278 RA       | NTOUL ST             |                           |            |   |                     |
| CITY/TOWN: BE        | VERLY                | STATE: MA                 | ZI         | P CODE: 01915   |                     |
|                      | ANDO,<br>NCENT, JR   | ΓΥΡΕ OF LICENSE:R         | estaurant  | CATEGORY  | Y: All Alcohol      |
| EMAIL ADDRESS        | :                    |                           |            |   |                     |
|                      | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR | EMAIL ADDI | RESS  |                     |
| DESCRIPTION OF       | LICENSED PRE         | MISES:                    |            |   |                     |
| ONE ROOM WITH        | I CELLAR FOR S       | TORAGE ON FIRST           | FLOOR (    | OF THREE STORY BI   | LDG                 |
| I hereby certify and | -                    |                           |            |   |                     |
| 1. the renev         | wed license will be  | of the same type for the  | e same p   | remises now licensed;   |                     |
|                      | •                    |                           |            | lth relating to taxes; an   | d                   |
| 3. the prem          | iises are now open   | for business (If not exp  | olain belo | w)  |                     |
| CICNED DV            |                      |                           |            |   |                     |
| SIGNED BY            | Individual, Par      | tner or Authorized Corp   | orate Of   | ficer   |                     |
|                      |                      |                           |            |   |                     |
|                      |                      |                           |            |   |                     |
| DATE:                | TELEPH               | ONE NUMBER:               |            | EMPLOYER IDENTIFIC  | ATION NUMBER:       |
|                      | 1222111              | OI LE I VOIVIBLE.         | (1         | Note: <u>NOT</u> Individual Socia                                       | al Security Number) |
| Acts of 2004, signe  | ed by the building   | ginspector and the he     | ad of the  | icate required by Cha<br>fire department for t<br>required by Chapter 1 | he above            |
| Please Check Below:  |                      |                           | LOC        | CAL LICENSING AUT   | HORITY              |
| APPROVED:            |                      |                           | By:        |   |                     |
| DISAPPROVED:         |                      |                           |            |   |                     |
| (If disapproved exp  | lain)                |                           |            |   |                     |
|                      |                      |                           |            |   |                     |
| DATE:                |                      |                           |            |   |                     |



www.mass.gov/abcc

| LICENSE NUMBER: 01000   | 00029                    | (                | CITY OR TOWN           | BEVERLY                         |
|---|--------------------------|------------------|------------------------|---------------------------------|
| APPLICATION FOR RENI  | EWAL:                    | Annual           | LICENS                 | SED FOR 2013                    |
|   |                          | CLASS            |                        | YEAR                            |
| LICENSEE NAME: G & J  | SPORTS, INC.             |                  |                        |                                 |
| DOING BUSINESS A SPC  | ORTS PAGE PUB            |                  |                        |                                 |
| ADDRESS 374 RANTOUL   | ST                       |                  |                        |                                 |
| CITY/TOWN: BEVERLY  | STA                      | ATE: MA          | ZIP CODE:              | 01915                           |
| MANAGER: HOWELL,<br>RAYMONE   |                          | LICENSE: Resta   | aurant CA              | ATEGORY: All Alcohol            |
| EMAIL ADDRESS:  | -                        |                  |                        |                                 |
| PLEASE A  | LSO VISIT OUR WEBSITE AN | D ENTER YOUR EMA | AIL ADDRESS            |                                 |
| DESCRIPTION OF LICEN  |                          |                  |                        |                                 |
| TWO ROOMS AND KITC<br>STORY BLDG  | HEN, WITH CELLA          | R FOR STORA      | AGE ON FIRST FI        | LOOR OF TWO                     |
| I hereby certify and swear u  | nder penalties of perj   | ury that:        |                        |                                 |
| 1. the renewed licer  | nse will be of the same  | e type for the s | ame premises now       | licensed;                       |
| 2. the licensee has o   | complied with all laws   | s of the Commo   | onwealth relating to   | taxes; and                      |
| 3. the premises are   | now open for busines     | s (If not explai | n below)               |                                 |
| -   |                          |                  |                        |                                 |
| SIGNED BY   |                          |                  |                        |                                 |
| Indiv   | idual, Partner or Auth   | norized Corpor   | ate Officer            |                                 |
|   |                          |                  |                        |                                 |
|   |                          |                  |                        |                                 |
| DATE:   | TELEPHONE NUM            | IBER:            |                        | IDENTIFICATION NUMBER:          |
|   |                          |                  | (100e. <u>101</u> IIId | ividual Social Security Number) |
| We the undersigned, attes Acts of 2004, signed by th named license and (2) the of 2010. | e building inspector     | and the head     | of the fire departr    | nent for the above              |
| Please Check Below:   |                          |                  | LOCAL LICENS           | ING AUTHORITY                   |
| APPROVED:   |                          |                  | By:                    |                                 |
| DISAPPROVED: (If disapproved explain)   |                          |                  |                        |                                 |
| (11 disappioved expiaiii)   |                          |                  |                        |                                 |
|   |                          |                  |                        |                                 |
| DATE:   |                          |                  |                        |                                 |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| APPLICATION FOR RENEWAL:  CLASS  LICENSEE NAME: M & G B, INC.   | LICENSED FOR 2013                             |
|---|---|
| CLASS LICENSEE NAME: M & G B, INC.  | MEAD  |
| LICENSEE NAME: M & G B. INC.  | YEAR  |
| · · · · · · · · · · · · · · · · · · ·   |   |
| DOING BUSINESS A CASA DE LUCCA  |   |
| ADDRESS 146-48 RANTOUL ST   |   |
| CITY/TOWN: BEVERLY STATE: M   | A ZIP CODE: 01915                             |
| MANAGER: CLINTON, MARK TYPE OF LICENSE: D.  | Restaurant CATEGORY: All Alcohol              |
| EMAIL ADDRESS:  |   |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU   | UR EMAIL ADDRESS                              |
| DESCRIPTION OF LICENSED PREMISES:   |   |
| 3 STORY WOOD FRAME STUCTURE WITH FULL BA<br>ON FIRST FLOOR TO SERVICE MAIN DINING ROOM<br>SERVICE FUNCTION ROOM   |   |
| I hereby certify and swear under penalties of perjury that:   |   |
| 1. the renewed license will be of the same type for   | the same premises now licensed;               |
| 2. the licensee has complied with all laws of the Co  |   |
| 3. the premises are now open for business (If not ex  | xplain below)                                 |
|   |   |
| SIGNED BY Individual, Partner or Authorized Co  | orporate Officer                              |
|   |   |
|   |   |
| DATE: TELEPHONE NUMBER:   | EMPLOYER IDENTIFICATION NUMBER:               |
| 1222110112110112211   | (Note: NOT Individual Social Security Number) |
| We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h named license and (2) the certificate of liquor liability is of 2010. | nead of the fire department for the above     |
| Please Check Below:   | LOCAL LICENSING AUTHORITY                     |
| ADDDOLUED   | Ву:   |
| APPROVED:   |   |
| DISAPPROVED:  |   |
|   |   |
| DISAPPROVED:  |   |



www.mass.gov/abcc

| LICENSE NUM               | IBER: 010000031       |  | CITY OR TO       | WN BEVERLY               | (            |
|---------------------------|-----------------------|--|------------------|--------------------------|--------------|
| APPLICATION               | FOR RENEWAL:          | Annual   | Ll               | ICENSED FOR 2            | 013          |
|                           |                       | CLASS  |                  |                          | YEAR         |
| LICENSEE NA               | ME: PIKEY, LLC        |  |                  |                          |              |
| DOING BUSIN               | ESS A THE PICKL       | LED ONION  |                  |                          |              |
| ADDRESS 355               | -57 RANTOUL ST        |  |                  |                          |              |
| CITY/TOWN:                | BEVERLY               | STATE: MA  | ZIP COD          | E: 01915                 |              |
| MANAGER:                  | KELLY, SUSAN          | TYPE OF LICENSE:R                                    | estaurant        | CATEGORY:                | All Alcohol  |
| EMAIL ADDRI               | ESS:                  |  |                  |                          |              |
|                           | PLEASE ALSO VISIT     | OUR WEBSITE AND ENTER YOUR                           | EMAIL ADDRESS    |                          |              |
|                           | OF LICENSED PR        |  |                  |                          |              |
| TWO ROOMS .<br>STORY BLDG | AND KITCHEN WI        | ITH CELLAR FOR STO                                   | RAGE ON FIRS     | ST FLOOR OF A            | ONE          |
| I hereby certify          | and swear under pen   | alties of perjury that:                              |                  |                          |              |
| 1. the re                 | enewed license will l | be of the same type for th                           | ne same premises | s now licensed;          |              |
| 2. the li                 | censee has complied   | l with all laws of the Con                           | nmonwealth rela  | ting to taxes; and       |              |
| 3. the p                  | remises are now ope   | en for business (If not exp                          | plain below)     |                          |              |
|                           |                       |  |                  |                          |              |
| SIGNED BY                 | Individual De         | artner or Authorized Corp                            | porata Officar   |                          |              |
|                           | marviduai, ra         | artiler of Authorized Corp                           | porate Officer   |                          |              |
|                           |                       |  |                  |                          |              |
| DATE:                     | THE ED                | WONE NUMBER  | EMDI             | OYER IDENTIFICA          | TION NUMBED. |
| DITIE.                    | TELEP                 | HONE NUMBER:   |                  | OT Individual Social S   |              |
|                           |                       |  |                  |                          | •            |
|                           |                       | e are in possession (1) t<br>ng inspector and the he |                  |                          |              |
|                           |                       | ate of liquor liability ins                          |                  |                          |              |
| Please Check Below        | <u>v:</u>             |  | LOCAL LIG        | CENSING AUTH             | ORITY        |
| APPROVED:                 |                       |  | By:              |                          |              |
| DISAPPROVE                |                       |  |                  |                          |              |
| (If disapproved           | explain)              |  |                  |                          |              |
|                           |                       |  |                  |                          |              |
| DATE:                     |                       |  |                  |                          |              |
| APPLICATION FOR F         | RENEWAL MUST BE FILEI | D BY LICENSEES DURING THE                            | MONTH OF NOVEM   | BER (M.G.L. Ch. 138 \$ 1 | (6A)         |



www.mass.gov/abcc

| LICENSE NUM        | IBER: 010000032   |                  | CITY OR           | TOWN       | BEVERLY           |                 |
|--------------------|---|------------------|-------------------|------------|-------------------|-----------------|
| APPLICATION        | FOR RENEWAL:  | Annual           |                   | LICENS     | SED FOR 20        | 13              |
|                    |   | CLASS            |                   |            |                   | YEAR            |
| LICENSEE NAI       | ME: ITALIAN COMMUN  | IITY CLUB II     | NC                |            |                   |                 |
| DOING BUSIN        | ESS A   |                  |                   |            |                   |                 |
| ADDRESS 296        | RANTOUL ST.   |                  |                   |            |                   |                 |
| CITY/TOWN:         | BEVERLY   | STATE: N         | MA ZIP CO         | ODE:       | 01915             |                 |
| MANAGER:           | BIANCHI, JOHN A. TYPE   | OF LICENSE       | E:Club            | CA         | ATEGORY:          | All Alcohol     |
| EMAIL ADDRE        | ESS:  |                  |                   |            |                   |                 |
|                    | PLEASE ALSO VISIT OUR WEBSI   | ITE AND ENTER YO | OUR EMAIL ADDRESS |            |                   |                 |
| DESCRIPTION        | OF LICENSED PREMISES  | S:               |                   |            |                   |                 |
| FOR STORAGE        | OOM ON GROUND FLOO<br>E; BOTTOM FLOOR HAS S<br>ND LOUNGE AREA IN TW                           | SMALLER FU       | UNCTION ROO       |            |                   |                 |
| I hereby certify a | and swear under penalties of  | perjury that:    |                   |            |                   |                 |
| 1. the re          | enewed license will be of the   | same type for    | r the same premi  | ises now   | licensed;         |                 |
|                    | censee has complied with all  |                  |                   | elating to | taxes; and        |                 |
| 3. the pr          | remises are now open for bu   | siness (If not   | explain below)    |            |                   |                 |
|                    |   |                  |                   |            |                   |                 |
| SIGNED BY          |   | A .1 . 1.6       | 0.00              |            |                   |                 |
|                    | Individual, Partner or  | Authorized C     | Corporate Officei | r          |                   |                 |
|                    |   |                  |                   |            |                   |                 |
| D 4 575            |   |                  |                   |            |                   |                 |
| DATE:              | TELEPHONE I   | NUMBER:          |                   |            | IDENTIFICAT       |                 |
|                    |   |                  | (Note.            | NOT IIIu   | ividual Social Se | ecurity Number) |
| Acts of 2004, si   | igned, attest that we are in<br>igned by the building inspe<br>and (2) the certificate of lig | ector and the    | head of the fire  | departr    | nent for the      | above           |
| Please Check Below | <u>r:</u>   |                  | LOCAL             | LICENS     | ING AUTHO         | ORITY           |
| APPROVED:          |   |                  | By:               |            |                   |                 |
| DISAPPROVEI        |   |                  |                   |            |                   |                 |
| (If disapproved of | explain)  |                  |                   |            |                   |                 |
|                    |   |                  |                   |            |                   |                 |
| DATE:              |   |                  |                   |            |                   |                 |



www.mass.gov/abcc

| LICENSE NUMBER: 01   | .0000035                              |                       | CITY OR TOWN         | BEVERLY           |                  |
|--|---------------------------------------|-----------------------|----------------------|-------------------|------------------|
| APPLICATION FOR RI   | ENEWAL:                               | Annual                | LICEN                | SED FOR 20        | 013              |
|  |                                       | CLASS                 |                      |                   | YEAR             |
| LICENSEE NAME: K   | EGLER'S DEN, IN                       | IC.                   |                      |                   |                  |
| DOING BUSINESS A   | RIVER STREET G                        | RILLE                 |                      |                   |                  |
| ADDRESS 98 RIVER S   | Т                                     |                       |                      |                   |                  |
| CITY/TOWN: BEVER   | LY                                    | STATE: MA             | ZIP CODE:            | 01915             |                  |
| MANAGER: CHRIST<br>THEOD   | · · · · · · · · · · · · · · · · · · · | E OF LICENSE: Re      | estaurant C          | ATEGORY:          | All Alcohol      |
| EMAIL ADDRESS:   |                                       |                       |                      |                   |                  |
| PLEA   | ASE ALSO VISIT OUR WEB                | SITE AND ENTER YOUR I | EMAIL ADDRESS        |                   | _                |
| DESCRIPTION OF LIC   | ENSED PREMISE                         | ES:                   |                      |                   |                  |
| ONE STORY BLDG. W<br>STORAGE AND A KIT                                       |                                       | NING ROOM, AN         | I BAR, WITH REAF     | ROOM FO           | R                |
| I hereby certify and swea  | ar under penalties o                  | of perjury that:      |                      |                   |                  |
| 1. the renewed l   | icense will be of th                  | e same type for the   | e same premises now  | licensed;         |                  |
| 2. the licensee h  | as complied with a                    | ll laws of the Com    | monwealth relating t | to taxes; and     |                  |
| 3. the premises  | are now open for b                    | usiness (If not exp   | lain below)          |                   |                  |
|  |                                       |                       |                      |                   |                  |
| SIGNED BY  |                                       |                       |                      |                   |                  |
| Ir   | ndividual, Partner o                  | r Authorized Corp     | orate Officer        |                   |                  |
|  |                                       |                       |                      |                   |                  |
|  |                                       |                       |                      |                   |                  |
| DATE:  | TELEPHONE                             | NUMBER:               |                      |                   | ΠΟΝ NUMBER:      |
|  |                                       |                       | (Note: NOT Inc       | dividual Social S | Security Number) |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. | the building insp                     | ector and the hea     | d of the fire depart | ment for the      | above            |
| Please Check Below:  |                                       |                       | LOCAL LICENS         | SING AUTH         | ORITY            |
| APPROVED:  |                                       |                       | By:                  |                   |                  |
| DISAPPROVED:   |                                       |                       |                      |                   |                  |
| (If disapproved explain)   |                                       |                       |                      |                   |                  |
|  |                                       |                       |                      |                   |                  |
| DATE:  |                                       |                       |                      |                   |                  |
| DATE.  |                                       |                       |                      |                   |                  |



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE                     | R: 010000036   |                     | CITY OR TOW          | N BEVERLY           | 7             |
|-----------------------------------|--|---------------------|----------------------|---------------------|---------------|
| APPLICATION FO                    | R RENEWAL:   | Annual              | LICE                 | ENSED FOR 20        | 013           |
|                                   |  | CLASS               |                      |                     | YEAR          |
| LICENSEE NAME:                    | : CYGNET CORPOR  | RATION INC.         |                      |                     |               |
| DOING BUSINESS                    | A CYGNET RESTA   | URANT               |                      |                     |               |
| ADDRESS 24 WES                    | ST ST  |                     |                      |                     |               |
| CITY/TOWN: BE                     | VERLY  | STATE: M            | A ZIP CODE:          | 01915               |               |
|                                   | ESENER, TYPE<br>MES C.   | E OF LICENSE:       | Restaurant           | CATEGORY:           | All Alcohol   |
| EMAIL ADDRESS:                    | :  |                     |                      |                     |               |
|                                   | PLEASE ALSO VISIT OUR WE   | BSITE AND ENTER YOU | R EMAIL ADDRESS      |                     | _             |
| DESCRIPTION OF                    | LICENSED PREMIS  | ES:                 |                      |                     |               |
| A RESTRICTION O<br>AFTER 5:30 PM. | ON LICENSE IS THA  | T THE SECOND        | FLOOR AREA SH.       | ALL BE USED         | OONLY         |
| I hereby certify and              | swear under penalties  | of perjury that:    |                      |                     |               |
|                                   | wed license will be of the   | • •                 | -                    |                     |               |
|                                   | see has complied with  |                     | `                    | g to taxes; and     |               |
| 3. the premi                      | ises are now open for b  | ousiness (If not ex | xplain below)        |                     |               |
|                                   |  |                     |                      |                     |               |
| SIGNED BY                         | Individual, Partner  | or Authorized Co    | ernorata Officar     |                     |               |
|                                   | marviduai, r artiiei (   | of Authorized Co    | orporate Officer     |                     |               |
|                                   |  |                     |                      |                     |               |
| DATE:                             | TELEDIONI  |                     | EMDI OV              | ER IDENTIFICAT      | TION NI IMBED |
| DIII Z.                           | TELEPHONE  | S NUMBER:           |                      | Individual Social S |               |
|                                   |  |                     |                      |                     |               |
| Acts of 2004, signe               | ed, attest that we are intended by the building insp<br>(2) the certificate of l | pector and the h    | ead of the fire depa | rtment for the      | above         |
| Please Check Below:               |  |                     | LOCAL LICE           | NSING AUTH          | ORITY         |
| APPROVED:                         |  |                     | By:                  |                     |               |
| DISAPPROVED:                      |  |                     |                      |                     |               |
| (If disapproved expl              | aın)   |                     |                      |                     |               |
|                                   |  |                     |                      |                     |               |
| DATE:                             |  |                     |                      |                     |               |
|                                   |  |                     |                      |                     |               |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 01000        | J003 /                              | CITY OR TOWN BEVERL                 | I                |
|------------------------------|-------------------------------------|-------------------------------------|------------------|
| APPLICATION FOR RENI         | EWAL: Annual                        | LICENSED FOR 2                      | 2013             |
|                              | CLASS                               |                                     | YEAR             |
| LICENSEE NAME: RYA           | L SIDE LIQUORS, INC.                |                                     |                  |
| DOING BUSINESS A RYA         | AL SIDE LIQUORS                     |                                     |                  |
| ADDRESS 146 BRIDGE S         | Γ                                   |                                     |                  |
| CITY/TOWN: BEVERLY           | STATE: N                            | MA ZIP CODE: 01915                  |                  |
| MANAGER: FINN, GEO           | RGE W. TYPE OF LICENSE              | E:Package Store CATEGORY:           | All Alcohol      |
| EMAIL ADDRESS:               |                                     |                                     |                  |
| PLEASE A                     | ALSO VISIT OUR WEBSITE AND ENTER YO | UR EMAIL ADDRESS                    |                  |
| DESCRIPTION OF LICEN         | SED PREMISES:                       |                                     |                  |
| TWO ROOMS WITH CEL           | LAR FOR STORAGE ON FIF              | RST FLOOR OF A ONE STORY BI         | LDG.             |
| I hereby certify and swear u | nder penalties of perjury that:     |                                     |                  |
| 1. the renewed licer         | ase will be of the same type for    | r the same premises now licensed;   |                  |
| 2. the licensee has o        | complied with all laws of the C     | Commonwealth relating to taxes; and |                  |
| 3. the premises are          | now open for business (If not       | explain below)                      |                  |
|                              |                                     |                                     |                  |
| SIGNED BY                    |                                     |                                     |                  |
| Indiv                        | ridual, Partner or Authorized C     | orporate Officer                    |                  |
|                              |                                     |                                     |                  |
|                              |                                     |                                     |                  |
| DATE:                        | TELEPHONE NUMBER:                   | EMPLOYER IDENTIFICA                 | TION NUMBER:     |
|                              |                                     | (Note: NOT Individual Social        | Security Number) |
|                              |                                     |                                     |                  |
| Please Check Below:          |                                     | LOGAL LIGENSONIC AUTH               | IODITA           |
| APPROVED:                    |                                     | LOCAL LICENSING AUTH<br>By:         | IORITY           |
| DISAPPROVED:                 |                                     | By.                                 |                  |
| (If disapproved explain)     |                                     |                                     |                  |
|                              |                                     |                                     |                  |
|                              |                                     |                                     |                  |
| DATE:                        |                                     |                                     |                  |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000038                             | CITY OR TOWN BEVERLY                                 |
|---|--|
| APPLICATION FOR RENEWAL:                              | Annual LICENSED FOR 2013                             |
| C   | CLASS YEAR   |
| LICENSEE NAME: PRABDEEP, INC.                         |  |
| DOING BUSINESS A ONE STOP MARKET                      |  |
| ADDRESS 174 RANTOUL STREET                            |  |
| CITY/TOWN: BEVERLY STAT                               | TE: MA ZIP CODE: 01915                               |
| MANAGER: GILL, AMARJIT TYPE OF LICKAUR                | CENSE:Package Store CATEGORY: All Alcohol            |
| EMAIL ADDRESS:  |  |
| PLEASE ALSO VISIT OUR WEBSITE AND E                   | ENTER YOUR EMAIL ADDRESS                             |
| DESCRIPTION OF LICENSED PREMISES:                     |  |
| ONE ROOM WITH CELLAR FOR STORAGE ON                   |  |
| I hereby certify and swear under penalties of perjury |  |
| 1. the renewed license will be of the same t          | **   |
| 2. the licensee has complied with all laws o          |  |
| 3. the premises are now open for business (           | in not explain below)                                |
| CICNED DV   |  |
| SIGNED BY<br>Individual, Partner or Author            | rized Corporate Officer                              |
|   |  |
|   |  |
| DATE: TELEPHONE NUMB)                                 | FR· EMPLOYER IDENTIFICATION NUMBER:                  |
| 12211101(21(01)2)                                     | (Note: <u>NOT</u> Individual Social Security Number) |
|   |  |
| Diago Charle Dalam                                    |  |
| Please Check Below: APPROVED:                         | LOCAL LICENSING AUTHORITY                            |
| DISAPPROVED:  | Ву:  |
| (If disapproved explain)                              |  |
|   |  |
|   |  |
| DATE:   |  |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE                 | R: 010000040                |               | CI          | TY OR TOW  | N BEVERLY           | 7                |
|-------------------------------|-----------------------------|---------------|-------------|------------|---------------------|------------------|
| APPLICATION FO                | R RENEWAL:                  | Annu          | al          | LICE       | ENSED FOR 2         | 013              |
|                               |                             | CLAS          | SS          |            |                     | YEAR             |
| LICENSEE NAME:                | Preed, Inc                  |               |             |            |                     |                  |
| DOING BUSINESS                | A One Stop Market           |               |             |            |                     |                  |
| ADDRESS 311 CAI               | BOT ST                      |               |             |            |                     |                  |
| CITY/TOWN: BEV                | VERLY                       | STATE:        | MA          | ZIP CODE:  | 01915               |                  |
| MANAGER: Gill,                | Jaspal S TYPE               | OF LICEN      | SE:Packaş   | ge Store   | CATEGORY:           | All Alcohol      |
| EMAIL ADDRESS:                |                             |               |             |            |                     |                  |
|                               | PLEASE ALSO VISIT OUR WEBSI | TE AND ENTER  | YOUR EMAIL  | ADDRESS    |                     |                  |
|                               | LICENSED PREMISES           | S:            |             |            |                     |                  |
|                               | Storage in basement         |               |             |            |                     |                  |
| •                             | swear under penalties of    |               |             |            |                     |                  |
|                               | ved license will be of the  |               |             | _          |                     |                  |
|                               | see has complied with all   |               |             |            | g to taxes; and     |                  |
| 3. the premi                  | ises are now open for bu    | siness (If no | ot explain  | below)     |                     |                  |
|                               |                             |               |             |            |                     |                  |
| SIGNED BY                     | Individual, Partner or      | Authorized    | l Corporat  | o Officer  |                     |                  |
|                               | marviduai, i armer or       | Authorized    | i Corporati | c Officei  |                     |                  |
|                               |                             |               |             |            |                     |                  |
| DATE:                         | TELEPHONE 1                 | MIMBED.       |             | EMPLOY     | ER IDENTIFICAT      | ΓΙΟΝ NUMBER:     |
|                               | TELEFTIONET                 | WOMBER.       |             | (Note: NOT | Individual Social S | Security Number) |
|                               |                             |               |             |            |                     |                  |
|                               |                             |               |             |            |                     |                  |
| Please Check Below: APPROVED: |                             |               |             |            | NSING AUTH          | ORITY            |
| DISAPPROVED:                  |                             |               | 1           | Ву:        |                     |                  |
| (If disapproved expl          | ain)                        |               |             |            |                     |                  |
|                               | •                           |               |             |            |                     |                  |
|                               |                             |               |             |            |                     |                  |
| DATE:                         |                             |               |             |            |                     |                  |
|                               |                             |               |             |            |                     |                  |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER:                            | )10000041           |   | CITY OR TOW       | IN DEVEKLI                             | [           |
|--|---------------------|---|-------------------|--|-------------|
| APPLICATION FOR I                          | RENEWAL:            | Annual  | LIC               | ENSED FOR 2                            | 013         |
|  |                     | CLASS   |                   |  | YEAR        |
| LICENSEE NAME: DOING BUSINESS A            |                     |   |                   |  |             |
| ADDRESS 380 B CA                           | BOT ST              |   |                   |  |             |
| CITY/TOWN: BEVE                            | RLY                 | STATE: MA   | ZIP CODE:         | 01915                                  |             |
| MANAGER: LAYN                              | E, LANCE I. T       | YPE OF LICENSE: P   | ackage Store      | CATEGORY:                              | All Alcohol |
| EMAIL ADDRESS:                             |                     |   |                   |  |             |
| PL   | EASE ALSO VISIT OUI | R WEBSITE AND ENTER YOUR  | EMAIL ADDRESS     |  | _           |
| DESCRIPTION OF LI                          | CENSED PREM         | MISES:  |                   |  |             |
| ONE ROOM WITH C                            | ELLAR AND R         | EAR ROOM FOR ST   | ORAGE ON FIRS     | ST FLOOR OF                            | A ONE       |
| 3. the premise SIGNED BY                   | s are now open f    | ith all laws of the Confor business (If not expenses or Authorized Corp | lain below)       | ng to taxes; and                       |             |
|  |                     |   |                   |  |             |
|  |                     |   |                   |  |             |
| DATE:                                      | TELEPHO             | ONE NUMBER:   |                   | YER IDENTIFICA' L' Individual Social S |             |
| Please Check Below: APPROVED: DISAPPROVED: | ]                   |   | LOCAL LICE<br>By: | ENSING AUTH                            | ORITY       |
| (If disapproved explain                    | )                   |   |                   |  |             |
| DATE:                                      |                     |   |                   |  |             |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER                   | :010000042        |  | CITY OR TOV       | VN DEVEKLI   |             |
|----------------------------------|-------------------|--|-------------------|--|-------------|
| APPLICATION FOR                  | RENEWAL:          | Annual   | LIC               | ENSED FOR 2  | 013         |
|                                  |                   | CLASS  |                   |  | YEAR        |
| LICENSEE NAME:<br>DOING BUSINESS |                   |  |                   |  |             |
| ADDRESS 00199- 20                | 01 ESSEX STE      | REET   |                   |  |             |
| CITY/TOWN: BEV                   | ERLY              | STATE: MA  | ZIP CODE          | : 01915  |             |
| MANAGER: PATE                    | EL, AMIT A.       | TYPE OF LICENSE:P  | ackage Store      | CATEGORY:  | All Alcohol |
| EMAIL ADDRESS:                   |                   |  |                   |  |             |
| 1                                | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR   | EMAIL ADDRESS     |  |             |
| DESCRIPTION OF I                 | LICENSED PR       | EMISES:  |                   |  |             |
|                                  |                   | SHOPPING MALL WING SPACE AND STOR  |                   |  | NE          |
|                                  | ses are now ope   | I with all laws of the Coren for business (If not expendent or Authorized Coren for Authorize | olain below)      | ng to taxes; and   |             |
|                                  |                   |  |                   |  |             |
|                                  |                   |  |                   |  |             |
| DATE:                            | TELEP             | HONE NUMBER:   |                   | YER IDENTIFICATION IN THE PROPERTY OF THE PROP |             |
| Please Check Below: APPROVED:    |                   |  | LOCAL LICE<br>By: | ENSING AUTH  | ORITY       |
| DISAPPROVED:                     |                   |  | j                 |  |             |
| (If disapproved expla            | in)               |  |                   |  |             |
| DATE:                            |                   |  |                   |  |             |
|                                  |                   |  |                   |  |             |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER                                    | R: 010000043  |                     | CITY OR TOWN                      | BEVERLY           |                          |
|---|---|---------------------|-----------------------------------|-------------------|--------------------------|
| APPLICATION FOR                                   | R RENEWAL:  | Annual              | LICEN                             | SED FOR 20        | 013                      |
|   |   | CLASS               |                                   |                   | YEAR                     |
| LICENSEE NAME:                                    | CROSSING CORNE  | ER MARKET,INC.      |                                   |                   |                          |
| DOING BUSINESS                                    | A CROSSING CORN                                       | NER MARKET          |                                   |                   |                          |
| ADDRESS 43 BECH                                   | KFORD ST  |                     |                                   |                   |                          |
| CITY/TOWN: BEV                                    | /ERLY   | STATE: MA           | ZIP CODE:                         | 01915             |                          |
| MANAGER: TRA                                      | N, HANH THI TYPE                                      | E OF LICENSE: Pac   | kage Store CA                     | ATEGORY:          | Wine and<br>Malt Regular |
| EMAIL ADDRESS:                                    |   |                     |                                   |                   |                          |
|   | PLEASE ALSO VISIT OUR WEB                             |                     | IAIL ADDRESS                      |                   |                          |
|   | LICENSED PREMISE                                      |                     | CO ON CAROTIAN                    | D DEGMEON         | AD CIT                   |
| _   | NGLE STORY BLDG                                       |                     | S ON CABOT AN                     | D BECKFOR         | (DSI                     |
| • •   | swear under penalties or<br>red license will be of th |                     | same premises now                 | licensed:         |                          |
|   | ee has complied with a                                | * *                 | -                                 |                   |                          |
|   | ses are now open for b                                |                     | _                                 | ,                 |                          |
|   |   |                     |                                   |                   |                          |
|   |   |                     |                                   |                   |                          |
| SIGNED BY   |   |                     |                                   |                   |                          |
| SIGNED BY   | Individual, Partner o                                 | or Authorized Corpo | rate Officer                      |                   |                          |
| SIGNED BY   | Individual, Partner o                                 | or Authorized Corpo | rate Officer                      |                   |                          |
|   |   |                     |                                   |                   |                          |
| SIGNED BY DATE:                                   | Individual, Partner o                                 |                     | EMPLOYER                          |                   | ION NUMBER:              |
|   |   |                     |                                   |                   |                          |
|   |   |                     | EMPLOYER                          |                   |                          |
| DATE:  Please Check Below:                        |   |                     | EMPLOYER                          | ividual Social So | ecurity Number)          |
| DATE:  Please Check Below: APPROVED:              |   |                     | EMPLOYER<br>(Note: <u>NOT</u> Ind | ividual Social So | ecurity Number)          |
| DATE:  Please Check Below:                        | TELEPHONE   |                     | EMPLOYER (Note: NOT Ind           | ividual Social So | ecurity Number)          |
| DATE:  Please Check Below: APPROVED: DISAPPROVED: | TELEPHONE   |                     | EMPLOYER (Note: NOT Ind           | ividual Social So | ecurity Number)          |
| DATE:  Please Check Below: APPROVED: DISAPPROVED: | TELEPHONE   |                     | EMPLOYER (Note: NOT Ind           | ividual Social So | ecurity Number)          |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER                    | R: 010000044                                  |   | CITY OR TOWN  | BEVERLY              |  |
|-----------------------------------|---|---|---|----------------------|--|
| APPLICATION FOR                   | R RENEWAL:                                    | Annual  | LICEN   | SED FOR 2013         |  |
|                                   |   | CLASS   |   | YEAR                 |  |
| LICENSEE NAME:                    | ENON STREET L                                 | IQUORS, INC.  |   |                      |  |
| DOING BUSINESS                    | A DEPOT LIQUOR                                | RS  |   |                      |  |
| ADDRESS 23 ENO                    | N ST  |   |   |                      |  |
| CITY/TOWN: BEV                    | ERLY  | STATE: MA   | ZIP CODE:   | 01915                |  |
| MANAGER: ATH OS, J                | ANASOPOUL TYI<br>OHN                          | PE OF LICENSE: Pac  | ckage Store CA  | ATEGORY: All Alcohol |  |
| EMAIL ADDRESS:                    |   |   |   |                      |  |
|                                   | PLEASE ALSO VISIT OUR W                       | EBSITE AND ENTER YOUR EN  | MAIL ADDRESS  |                      |  |
| DESCRIPTION OF                    | LICENSED PREMIS                               | SES:  |   |                      |  |
| 1 LARGE ROOM W<br>EXIT IN BACK OF |   |   | JILDING WITH 1 F  | RONT DOOR AND        |  |
| 2. the license                    | ed license will be of<br>ee has complied with | the same type for the<br>a all laws of the Comr<br>business (If not expla | nonwealth relating to   |                      |  |
| SIGNED BY                         | Individual, Partner                           | or Authorized Corpo   | orate Officer   |                      |  |
|                                   |   |   |   |                      |  |
|                                   |   |   |   |                      |  |
| DATE:                             | TELEPHON                                      | E NUMBER:   | IMBER: EMPLOYER IDENTIFICATION NO (Note: NOT Individual Social Security |                      |  |
| Please Check Below: APPROVED:     |   |   |   | ING AUTHORITY        |  |
| DISAPPROVED:                      |   |   | By:   |                      |  |
| (If disapproved expla             | nin)  |   |   |                      |  |
|                                   |   |   |   |                      |  |
|                                   |   |   |   |                      |  |
| DATE:                             |   |   |   |                      |  |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000045                 |                           | CITY OR TOWN          | BEVERLY          |                          |
|---|---------------------------|-----------------------|------------------|--------------------------|
| APPLICATION FOR RENEWAL:                  | Annual                    | LICEN                 | SED FOR 20       | 013                      |
|   | CLASS                     |                       |                  | YEAR                     |
| LICENSEE NAME: B.K. LAND COR              | PORATION                  |                       |                  |                          |
| DOING BUSINESS A CORNER VARI              | ETY STORE                 |                       |                  |                          |
| ADDRESS 84 HALE ST                        |                           |                       |                  |                          |
| CITY/TOWN: BEVERLY                        | STATE: MA                 | ZIP CODE:             | 01915            |                          |
| MANAGER: CHON, BOO HEE TY                 | PE OF LICENSE: Pac        | ekage Store CA        | ATEGORY:         | Wine and<br>Malt Regular |
| EMAIL ADDRESS:                            |                           |                       |                  |                          |
| PLEASE ALSO VISIT OUR W                   | VEBSITE AND ENTER YOUR EN | MAIL ADDRESS          |                  | -                        |
| DESCRIPTION OF LICENSED PREMI             | SES:                      |                       |                  |                          |
| TWO ROOMS ON FIRST FLOOR IN C             | ONE STORY BLDG            |                       |                  |                          |
| I hereby certify and swear under penaltie | s of perjury that:        |                       |                  |                          |
| 1. the renewed license will be of         | the same type for the     | same premises now     | licensed;        |                          |
| 2. the licensee has complied with         | h all laws of the Comm    | nonwealth relating to | taxes; and       |                          |
| 3. the premises are now open for          | r business (If not expla  | ain below)            |                  |                          |
|   |                           |                       |                  |                          |
| SIGNED BY                                 |                           |                       |                  |                          |
| Individual, Partne                        | r or Authorized Corpo     | orate Officer         |                  |                          |
|   |                           |                       |                  |                          |
|   |                           |                       |                  |                          |
| DATE: TELEPHON                            | NE NUMBER:                | EMPLOYER              | IDENTIFICAT      | ION NUMBER:              |
|   |                           | (Note: NOT Ind        | ividual Social S | ecurity Number)          |
|   |                           |                       |                  |                          |
|   |                           |                       |                  |                          |
| Please Check Below: APPROVED:             |                           | LOCAL LICENS          | ING AUTHO        | ORITY                    |
| DISAPPROVED:                              |                           | By:                   |                  |                          |
| (If disapproved explain)                  |                           |                       |                  |                          |
| (1. Storpprovide onputin)                 |                           |                       |                  |                          |
|   |                           |                       |                  |                          |
| DATE:                                     |                           |                       |                  | <u>—</u>                 |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0                    | 10000046              |                  | CI           | TY OR TOWN                     | BEVERLY                                 | •                |
|--------------------------------------|-----------------------|------------------|--------------|--------------------------------|---|------------------|
| APPLICATION FOR R                    | ENEWAL:               | Annı             | ıal          | LICEN                          | SED FOR 20                              | 013              |
|                                      |                       | CLA              | SS           |                                |   | YEAR             |
| LICENSEE NAME: C<br>DOING BUSINESS A | CHRISPY'S LIQ         |                  |              | <u>.</u>                       |   |                  |
| ADDRESS 335 RANTO                    | OUL ST                |                  |              |                                |   |                  |
| CITY/TOWN: BEVER                     | RLY                   | STATE:           | MA           | ZIP CODE:                      | 01915                                   |                  |
| MANAGER: PALAZ<br>CHRIST             | OLA, TYI<br>FOPHER J. | PE OF LICEN      | SE:Packag    | ge Store CA                    | ATEGORY:                                | All Alcohol      |
| EMAIL ADDRESS:                       |                       |                  |              |                                |   |                  |
| PLE                                  | CASE ALSO VISIT OUR W | EBSITE AND ENTER | R YOUR EMAIL | ADDRESS                        |   | _                |
| DESCRIPTION OF LIG                   | CENSED PREMIS         | SES:             |              |                                |   |                  |
| THREE ROOMS WITH                     | H CELLAR FOR          | STORAGE O        | N FIRST F    | LOOR OF ONE                    | STORY BL                                | DG               |
| I hereby certify and swe             | ear under penalties   | of perjury tha   | at:          |                                |   |                  |
| 1. the renewed                       | license will be of    | the same type    | for the san  | ne premises now                | licensed;                               |                  |
| 2. the licensee                      | has complied with     | all laws of th   | e Common     | wealth relating to             | taxes: and                              |                  |
|                                      | are now open for      |                  |              | _                              | , |                  |
| 3. the prefinges                     | are now open for      | ousiness (II II  | ot explain   | ociow)                         |   |                  |
| SIGNED BY                            | ndividual, Partner    | or Authorized    | d Corporate  | e Officer                      |   |                  |
|                                      |                       |                  |              |                                |   |                  |
| DATE:                                |                       |                  |              |                                |   |                  |
| DATE:                                | TELEPHON              | E NUMBER:        |              | EMPLOYER (Note: <u>NOT</u> Ind |   | TON NUMBER:      |
|                                      |                       |                  |              | (Field <u>Field</u> Ind        | i viddai bociai b                       | ceurity (tumber) |
| Please Check Below:                  |                       |                  | Ţ            | LOCAL LICENS                   | ING AUTHO                               | ORITY            |
| APPROVED:                            |                       |                  |              | By:                            | ING ACTIN                               | SKIT I           |
| DISAPPROVED:                         |                       |                  | -            | <i>.</i>                       |   |                  |
| (If disapproved explain)             | )                     |                  | -            |                                |   |                  |
|                                      |                       |                  | -            |                                |   |                  |
|                                      |                       |                  | -            |                                |   |                  |
| DATE:                                |                       |                  |              |                                |   |                  |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE                 | R: 010000048            |                   | CI          | TY OR TOWN        | BEVERLY           |                 |
|-------------------------------|-------------------------|-------------------|-------------|-------------------|-------------------|-----------------|
| APPLICATION FO                | R RENEWAL:              | Annu              | ıal         | LICEN             | SED FOR 20        | )13             |
|                               |                         | CLA               | SS          |                   |                   | YEAR            |
| LICENSEE NAME: DOING BUSINESS | A HARRIGAN'S            |                   |             | ī                 |                   |                 |
| ADDRESS 37 WES                |                         |                   |             |                   |                   |                 |
| CITY/TOWN: BE                 | VERLY                   | STATE:            | MA          | ZIP CODE:         | 01915             |                 |
| MANAGER: CHA                  | ASE, TY<br>WRENCE R. JR | PE OF LICEN       | SE:Packag   | ge Store C        | ATEGORY:          | All Alcohol     |
| EMAIL ADDRESS                 |                         |                   |             |                   |                   |                 |
|                               | PLEASE ALSO VISIT OUR   | WEBSITE AND ENTER | YOUR EMAIL  | ADDRESS           |                   | -               |
| DESCRIPTION OF                | LICENSED PREM           | ISES:             |             |                   |                   |                 |
| ONE ROOM IN SI                | NGLE STORY BLD          | G,WITH REA        | R OF ROO    | M FOR STORA       | .GE               |                 |
| I hereby certify and          | swear under penaltie    | es of perjury tha | ıt:         |                   |                   |                 |
| 1. the renev                  | ved license will be o   | f the same type   | for the sar | ne premises now   | licensed;         |                 |
| 2. the licens                 | see has complied wit    | th all laws of th | e Common    | wealth relating t | o taxes; and      |                 |
| 3. the prem                   | ises are now open fo    | or business (If n | ot explain  | below)            |                   |                 |
|                               |                         |                   | _           |                   |                   |                 |
| SIGNED BY                     | Individual, Partne      | er or Authorized  | d Corporate | e Officer         |                   |                 |
|                               |                         |                   |             |                   |                   |                 |
|                               |                         |                   |             |                   |                   |                 |
| DATE:                         | TELEPHO                 | NE NUMBER:        |             |                   |                   | ION NUMBER:     |
|                               |                         |                   |             | (Note: NOT Ind    | lividual Social S | ecurity Number) |
| Please Check Below:           |                         |                   | ī           | LOCAL LICENS      | ING AUTHO         | ORITY           |
| APPROVED:                     |                         |                   |             | Ву:               | 1110710111        |                 |
| DISAPPROVED:                  |                         |                   | -           | - , .             |                   |                 |
| (If disapproved expl          | ain)                    |                   |             |                   |                   |                 |
|                               |                         |                   |             |                   |                   |                 |
| DATE:                         |                         |                   |             |                   |                   |                 |
| <i>νι</i> 11 μ.               |                         |                   |             |                   |                   |                 |



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | R: 010000051                           |   | CITY OR TOWN         | BEVERLY    |                              |
|--|--|---|----------------------|------------|------------------------------|
| APPLICATION FOR  | R RENEWAL:                             | Annual  | LICEN                | SED FOR 20 | 013                          |
|  |  | CLASS   |                      |            | YEAR                         |
| LICENSEE NAME:<br>DOING BUSINESS                                     | A NORTH BEVE                           |   |                      |            |                              |
| ADDRESS 1 A DOI  | OGE STREET                             |   |                      |            |                              |
| CITY/TOWN: BEV   | /ERLY                                  | STATE: MA   | ZIP CODE:            | 01915      |                              |
| MANAGER: PRIN  | NZ, ERICH T                            | YPE OF LICENSE: Pa  | ckage Store C.       | ATEGORY:   | Wine and<br>Malt Regular     |
| EMAIL ADDRESS:   |  |   |                      |            |                              |
|  |  | WEBSITE AND ENTER YOUR I  | EMAIL ADDRESS        |            |                              |
| DESCRIPTION OF   |  |   |                      |            | PONT                         |
| DOORS AND ONE  |  | ,000 SQ. FT., ONE ST<br>COMMON AREA.                                    | TORY BLDG. STOR      | E HAS I WC | FRONT                        |
|  |  |   |                      |            |                              |
| 2. the licens  | red license will be dee has complied w | of the same type for the ith all laws of the Comor business (If not exp | monwealth relating t |            |                              |
| SIGNED BY  | Individual, Partr                      | ner or Authorized Corp  | orate Officer        |            |                              |
| DATE:  | TELEPHO                                | ONE NUMBER:   |                      |            | TION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain | ain)                                   |   | LOCAL LICENS By:     | SING AUTHO | ORITY                        |
| DATE:  |  |   |                      |            |                              |



www.mass.gov/abcc

| LICENSE NUMBER: 010  | 0000052                              |   | CHYC        | RIOWN        | DE VEKL I    |                          |
|--|--------------------------------------|---|-------------|--------------|--------------|--------------------------|
| APPLICATION FOR RE   | NEWAL:                               | Annual  |             | LICEN        | ISED FOR 20  | 013                      |
|  |                                      | CLASS   |             |              |              | YEAR                     |
| LICENSEE NAME: LI' DOING BUSINESS A  |                                      | С   |             |              |              |                          |
| ADDRESS 294 CABOT  |                                      |   |             |              |              |                          |
| CITY/TOWN: BEVERI  | LY                                   | STATE: MA   | ZIP         | CODE:        | 01915        |                          |
| MANAGER: COOK, R   | OBERT R. TYP                         | E OF LICENSE: R   | estaurant   | C            | ATEGORY:     | Wine and<br>Malt Regular |
| EMAIL ADDRESS:   |                                      |   |             |              |              |                          |
| DESCRIPTION OF LICE<br>MAIN DINING ROOM OF<br>COUNTER IS DOORWASTORAGE.          | ENSED PREMIS                         | AND OVER THE  | COUNTE      | R PIZZA A    |              |                          |
| 2. the licensee ha   | cense will be of the complied with a | of perjury that:<br>the same type for the<br>all laws of the Con-<br>pusiness (If not exp | nmonwealt   | h relating t |              |                          |
| SIGNED BY  | dividual, Partner (                  | or Authorized Cor   | porate Offi | cer          |              |                          |
|  |                                      |   |             |              |              |                          |
| DATE:  | TELEPHONE                            | E NUMBER:   | (No         |              |              | TON NUMBER:              |
| We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010. | the building insp                    | pector and the he   | ad of the f | ïre depart   | ment for the | above                    |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)              |                                      |   | LOCA<br>By: | L LICENS     | SING AUTH    | ORITY                    |
| DATE:  |                                      |   |             |              |              |                          |



www.mass.gov/abcc

| LICENSE NUMBER: 0100  | 00058                        |                | CITY OR TOWN         | BEVERLY           |                 |
|---|------------------------------|----------------|----------------------|-------------------|-----------------|
| APPLICATION FOR REN   | EWAL:                        | Annual         | LICEN                | SED FOR 20        | )13             |
|   | (                            | CLASS          |                      |                   | YEAR            |
| LICENSEE NAME: TRA  | TTORIA BELLAMIA              | INC.           |                      |                   |                 |
| DOING BUSINESS A TRA  | ATTORIA BELLAMIA             | Λ              |                      |                   |                 |
| ADDRESS 218 CABOT ST  | TREET                        |                |                      |                   |                 |
| CITY/TOWN: BEVERLY  | STA                          | ΓE: MA         | ZIP CODE:            | 01915             |                 |
| MANAGER: LAVITA,<br>MICHAEL   | TYPE OF LI                   | CENSE: Rest    | aurant CA            | ATEGORY:          | All Alcohol     |
| EMAIL ADDRESS:  |                              |                |                      |                   |                 |
| PLEASE A  | ALSO VISIT OUR WEBSITE AND I | ENTER YOUR EM. | AIL ADDRESS          |                   | _               |
| DESCRIPTION OF LICEN  |                              |                |                      |                   |                 |
| One room in single story by and two rear exit doors at 2                                |                              | 0 sq ft with s | storage in basement  | t. One front e    | entrance        |
| I hereby certify and swear u  | nder penalties of perjur     | y that:        |                      |                   |                 |
| 1. the renewed lice   | nse will be of the same      | type for the s | ame premises now     | licensed;         |                 |
| 2. the licensee has   | complied with all laws of    | of the Comm    | onwealth relating to | o taxes; and      |                 |
| 3. the premises are   | now open for business        | (If not explai | n below)             |                   |                 |
|   |                              |                |                      |                   |                 |
| SIGNED BY   |                              |                |                      |                   |                 |
| Indiv   | vidual, Partner or Autho     | rized Corpor   | rate Officer         |                   |                 |
|   |                              |                |                      |                   |                 |
|   |                              |                |                      |                   |                 |
| DATE:   | TELEPHONE NUMB               | ER:            |                      |                   | ION NUMBER:     |
|   |                              |                | (Note: NOT Ind       | lividual Social S | ecurity Number) |
| We the undersigned, attes Acts of 2004, signed by th named license and (2) the of 2010. | e building inspector a       | nd the head    | of the fire departi  | ment for the      | above           |
| Please Check Below:   |                              |                | LOCAL LICENS         | SING AUTHO        | ORITY           |
| APPROVED:   |                              |                | By:                  |                   |                 |
| DISAPPROVED: (If disapproved explain)   |                              |                |                      |                   |                 |
| (11 disappioved expiaiii)   |                              |                |                      |                   |                 |
|   |                              |                |                      |                   |                 |
| DATE:   |                              |                |                      |                   |                 |



www.mass.gov/abcc

| LICENSE NU        | MBER: 010000060                 |                                 | CITY OR TOWN BEVERL   | Y                |
|-------------------|---------------------------------|---------------------------------|---|------------------|
| APPLICATIO        | N FOR RENEWAL                   | : Annual                        | LICENSED FOR  | 2013             |
|                   |                                 | CLASS                           |   | YEAR             |
| LICENSEE NA       | AME: ZHENG'S A                  | SIAN CUISINE INC                |   |                  |
| DOING BUSI        | NESS A MIKADO                   | ASIAN CUISINE                   |   |                  |
| ADDRESS           |                                 |                                 |   |                  |
| CITY/TOWN:        | BEVERLY                         | STATE: MA                       | ZIP CODE: 01915   |                  |
| MANAGER:          | ZHENG, YAN<br>XING              | TYPE OF LICENSE: Res            | ctaurant CATEGORY   | : All Alcohol    |
| EMAIL ADDI        | RESS:                           |                                 |   |                  |
|                   | PLEASE ALSO VISI                | T OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS  |                  |
|                   | N OF LICENSED P                 |                                 |   |                  |
|                   | ROOM CONTAINI<br>GE AREA BEHIND |                                 | 12 SEATS, KITCHEN, RESTI  | ROOMS,           |
| I hereby certify  | y and swear under pe            | enalties of perjury that:       |   |                  |
| 1. the            | renewed license will            | be of the same type for the     | same premises now licensed;   |                  |
| 2. the            | licensee has complie            | ed with all laws of the Comm    | nonwealth relating to taxes; and  | I                |
| 3. the            | premises are now or             | oen for business (If not expla  | nin below)  |                  |
|                   |                                 |                                 |   |                  |
| SIGNED BY         |                                 |                                 |   |                  |
|                   | Individual, l                   | Partner or Authorized Corpo     | orate Officer   |                  |
|                   |                                 |                                 |   |                  |
|                   |                                 |                                 |   |                  |
| DATE:             | TELE                            | PHONE NUMBER:                   | EMPLOYER IDENTIFICA   |                  |
|                   |                                 |                                 | (Note: <u>NOT</u> Individual Social   | Security Number) |
| Acts of 2004,     | signed by the build             | ing inspector and the head      | e certificate required by Chap<br>I of the fire department for th<br>rance required by Chapter 11 | e above          |
| Please Check Belo |                                 |                                 | LOCAL LICENSING AUTI  | HORITY           |
| APPROVED:         |                                 |                                 | By:   |                  |
| DISAPPROVI        |                                 |                                 |   |                  |
| (If disapproved   | u expiain)                      |                                 | -   |                  |
|                   |                                 |                                 |   |                  |
| DATE:             |                                 |                                 |   |                  |
|                   |                                 |                                 |   |                  |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0100000          | )63                                | CITY OR TOWN BEVERLY  | (                        |
|----------------------------------|------------------------------------|---|--------------------------|
| APPLICATION FOR RENEW            | Annual Annual                      | LICENSED FOR 2  | 013                      |
|                                  | CLASS                              |   | YEAR                     |
| LICENSEE NAME: ENDICO            | OTT COLLEGE                        |   |                          |
| DOING BUSINESS A THE G           | ROVE/LODGE                         |   |                          |
| ADDRESS 376 HALE STREE           | <sup>E</sup> T                     |   |                          |
| CITY/TOWN: BEVERLY               | STATE: MA                          | ZIP CODE: 01915   |                          |
| MANAGER: Johnson, Brand          | TYPE OF LICENSE:                   | Restaurant CATEGORY:  | Wine and<br>Malt Regular |
| EMAIL ADDRESS:                   |                                    |   |                          |
| PLEASE ALSO                      | O VISIT OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS   |                          |
| DESCRIPTION OF LICENSE           | D PREMISES:                        |   |                          |
|                                  | N NEWLY CONSTRUCTED                | TACHED DECK_AND STORAG<br>BUILDING TO BE KNOWN AS   |                          |
| I hereby certify and swear under | er penalties of perjury that:      |   |                          |
| 1. the renewed license           | will be of the same type for the   | ne same premises now licensed;  |                          |
|                                  | •                                  | nmonwealth relating to taxes; and   |                          |
| 3. the premises are nov          | w open for business (If not ex     | plain below)  |                          |
|                                  |                                    |   |                          |
| SIGNED BY Individu               | ual, Partner or Authorized Cor     | porate Officer  |                          |
|                                  |                                    |   |                          |
|                                  |                                    |   |                          |
| DATE:                            | ELEPHONE NUMBER:                   | EMPLOYER IDENTIFICAT  | ΓΙΟΝ NUMBER:             |
|                                  |                                    | (Note: NOT Individual Social S  | Security Number)         |
| Acts of 2004, signed by the b    | uilding inspector and the he       | the certificate required by Chapt<br>ad of the fire department for the<br>surance required by Chapter 110 | above                    |
| Please Check Below:              |                                    | LOCAL LICENSING AUTH  | ORITY                    |
| APPROVED:                        |                                    | By:   |                          |
| DISAPPROVED:                     |                                    |   |                          |
| (If disapproved explain)         |                                    |   |                          |
|                                  |                                    |   |                          |
| DATE:                            |                                    |   |                          |
|                                  |                                    |   |                          |



www.mass.gov/abcc

| LICENSE NUMBER: 01000000         | 54                                 | CITY OR TOWN BEVERLY   | (                |
|----------------------------------|------------------------------------|--|------------------|
| APPLICATION FOR RENEWA           | AL: Annual                         | LICENSED FOR 2   | 013              |
|                                  | CLASS                              |  | YEAR             |
| LICENSEE NAME: ENDICO            | TT COLLEGE- TUPPER HA              | LL   |                  |
| DOING BUSINESS A TUPPE           | R HALL                             |  |                  |
| ADDRESS 289 HALE STREET          | Γ                                  |  |                  |
| CITY/TOWN: BEVERLY               | STATE: MA                          | ZIP CODE: 01915  |                  |
| MANAGER: DEGALLA,<br>DEBORAH B.  | TYPE OF LICENSE: Re                | estaurant CATEGORY:  | All Alcohol      |
| EMAIL ADDRESS:                   |                                    |  |                  |
| PLEASE ALSO                      | VISIT OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS   | _                |
| DESCRIPTION OF LICENSED          |                                    |  |                  |
|                                  | q ft. to include patio area and    | Il with primary entrance to the are basement for storage.AREA IS A IT STORAGE.                         |                  |
| I hereby certify and swear under | penalties of perjury that:         |  |                  |
| 1. the renewed license v         | will be of the same type for the   | e same premises now licensed;  |                  |
| 2. the licensee has comp         | plied with all laws of the Com     | monwealth relating to taxes; and   |                  |
| 3. the premises are now          | open for business (If not expl     | ain below)   |                  |
|                                  |                                    |  |                  |
| SIGNED BY Individua              | al, Partner or Authorized Corp     | orate Officer  |                  |
|                                  |                                    |  |                  |
|                                  |                                    |  |                  |
| DATE: TE                         | LEPHONE NUMBER:                    | EMPLOYER IDENTIFICAT   |                  |
|                                  |                                    | (Note: <u>NOT</u> Individual Social S  | Security Number) |
| Acts of 2004, signed by the bu   | ilding inspector and the hea       | ne certificate required by Chapt<br>d of the fire department for the<br>urance required by Chapter 116 | above            |
| Please Check Below:              |                                    | LOCAL LICENSING AUTH   | ORITY            |
| APPROVED:                        |                                    | By:  |                  |
| DISAPPROVED:                     |                                    |  |                  |
| (If disapproved explain)         |                                    |  |                  |
|                                  |                                    |  |                  |
| DATE:                            |                                    |  |                  |
|                                  |                                    |  |                  |



www.mass.gov/abcc

| LICENSE NUMBEI  | R: 010000066   |                                     | CITY OR TOW        | 'N BEVERLY      | 7           |
|---|--|-------------------------------------|--------------------|-----------------|-------------|
| APPLICATION FO  | R RENEWAL:   | Annual                              | LICI               | ENSED FOR 20    | 013         |
|   |  | CLASS                               |                    |                 | YEAR        |
|   | GRIFFIN KELLEY, II<br>A KITTY O'SHEA'S IF  |                                     |                    |                 |             |
| ADDRESS 298 CAI   | BOT ST   |                                     |                    |                 |             |
| CITY/TOWN: BEV  | VERLY  | STATE: MA                           | ZIP CODE:          | 01915           |             |
| MANAGER: LAN  | IE, ALBERT F. TYPE (   | OF LICENSE: R                       | estaurant          | CATEGORY:       | All Alcohol |
| EMAIL ADDRESS:  | PLEASE ALSO VISIT OUR WEBSIT   |                                     | EMAIL ADDRESS      |                 |             |
| ENTIRE FIRST FLI<br>CONTAINING APP                                  | LICENSED PREMISES<br>R OF A 2STORY COMM<br>PROX. 1500 SQ FT. WIT<br>VITH ENTRANCE FROM | MERCIAL SPAC                        | AT 298. A LSO      | INCLUDED IS     |             |
| <ol> <li>the renew</li> <li>the licens</li> </ol>                   | wed license will be of the<br>see has complied with all<br>ises are now open for bus   | same type for th<br>laws of the Com | monwealth relatin  |                 |             |
| SIGNED BY   | Individual, Partner or   | Authorized Corp                     | orate Officer      |                 |             |
| DATE:   | TELEPHONE N  | UMBER:                              |                    | YER IDENTIFICAT |             |
| Acts of 2004, signe   | d, attest that we are in d by the building inspect<br>(2) the certificate of liq       | tor and the hea                     | d of the fire depa | rtment for the  | above       |
| Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.) | ain)   |                                     | LOCAL LICE<br>By:  | NSING AUTH      | ORITY       |
| DATE:   |  |                                     |                    |                 |             |



www.mass.gov/abcc

| LICENSE NUMBER: 010000069  |                                | CITY OR TOWN BEVERLY                  |                  |
|--|--------------------------------|---------------------------------------|------------------|
| APPLICATION FOR RENEWAL:   | Annual                         | LICENSED FOR 20                       | 013              |
|  | CLASS                          |                                       | YEAR             |
| LICENSEE NAME: PRIDES RE   | STAURANT GROUP INC             | 1<br>1                                |                  |
| DOING BUSINESS A PRIDES P  | UB                             |                                       |                  |
| ADDRESS 240-44 RANTOUL ST  |                                |                                       |                  |
| CITY/TOWN: BEVERLY   | STATE: MA                      | ZIP CODE: 01915                       |                  |
| MANAGER: MAGNER,<br>MICHAEL R.   | TYPE OF LICENSE: Re            | staurant CATEGORY:                    | All Alcohol      |
| EMAIL ADDRESS:   |                                |                                       |                  |
| PLEASE ALSO VISIT  | Γ OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS                          | _                |
| DESCRIPTION OF LICENSED P  |                                |                                       |                  |
| APPROX 1500 SQ FT OF FIRST I<br>AND EXITS AT FRONT AND RE  |                                |                                       | ICES             |
| 3. the premises are now op   |                                |                                       |                  |
|  |                                |                                       |                  |
| DATE: TELE   | PHONE NUMBER:                  | EMPLOYER IDENTIFICAT                  |                  |
|  |                                | (Note: <u>NOT</u> Individual Social S | security Number) |
| We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010. | ing inspector and the hea      | d of the fire department for the      | above            |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)  |                                | LOCAL LICENSING AUTHORS:              | ORITY            |
| -  |                                |                                       |                  |
| DATE:  |                                |                                       |                  |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000071   |   | CITY OR TOWN  | BEVERLY      |              |
|---|---|---|--------------|--------------|
| APPLICATION FOR RENEWAL:  | Annual  | LICEN   | SED FOR 20   | )13          |
|   | CLASS   |   |              | YEAR         |
| LICENSEE NAME: TOSTADA,   | INC.  |   |              |              |
| DOING BUSINESS A ACAPULO  | CO'S MEXICAN FAMILY   | RESTAURANT  |              |              |
| ADDRESS 900 CUMMINGS CEN  | NTER  |   |              |              |
| CITY/TOWN: BEVERLY  | STATE: MA   | ZIP CODE:   | 01915        |              |
| MANAGER: MORENO, JORGE  | E TYPE OF LICENSE: Re   | estaurant CA  | ATEGORY:     | All Alcohol  |
| EMAIL ADDRESS:  |   |   |              |              |
| DESCRIPTION OF LICENSED Plant five entrances and exits on mall lever I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open SIGNED BY | enalties of perjury that: I be of the same type for the ed with all laws of the Compen for business (If not exp | e same premises now<br>monwealth relating to<br>lain below) | licensed;    |              |
| Individual, I   | Partner or Authorized Corp  | orate Officer   |              |              |
| DATE: TELE  | PHONE NUMBER:   | EMPLOYER (Note: NOT Ind                                     |              | TION NUMBER: |
| We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.  | ing inspector and the hea   | d of the fire departr                                       | nent for the | above        |
| Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  |   | LOCAL LICENS By:  | ING AUTHO    | ORITY        |
| DATE:   |   |   |              |              |



www.mass.gov/abcc

| LICENSE NUMBER:                               | J10000073             |                         | CITY OR TOWN        | 1 BEVERLY                            |             |
|---|-----------------------|-------------------------|---------------------|--------------------------------------|-------------|
| APPLICATION FOR I                             | RENEWAL:              | Annual                  | LICE                | NSED FOR 20                          | 013         |
|   |                       | CLASS                   |                     |                                      | YEAR        |
| LICENSEE NAME:                                | Flour n Water Corp    | p                       |                     |                                      |             |
| DOING BUSINESS A                              | HALE STREET           | TAVERN & OYSTI          | ER                  |                                      |             |
| ADDRESS 717 HALE                              | ST                    |                         |                     |                                      |             |
| CITY/TOWN: BEVE                               | RLY                   | STATE: MA               | ZIP CODE:           | 01915                                |             |
| MANAGER: COX, I                               | LINDSAY P. TYI        | PE OF LICENSE: Re       | estaurant (         | CATEGORY:                            | All Alcohol |
| EMAIL ADDRESS:                                |                       |                         |                     |                                      |             |
| PL  | EASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR I | EMAIL ADDRESS       |                                      | _           |
| DESCRIPTION OF LI                             |                       |                         |                     |                                      |             |
| APPROX 2100 SQFT<br>MERCANTILE STOR           |                       |                         |                     |                                      |             |
| I hereby certify and sw                       | ear under penalties   | of perjury that:        |                     |                                      |             |
| 1. the renewed                                | l license will be of  | the same type for the   | e same premises no  | w licensed;                          |             |
|   | -                     | all laws of the Com     | _                   | to taxes; and                        |             |
| 3. the premise                                | s are now open for    | business (If not exp    | lain below)         |                                      |             |
| SIGNED BY                                     |                       |                         |                     |                                      |             |
|   | Individual, Partner   | or Authorized Corp      | orate Officer       |                                      |             |
|   |                       |                         |                     |                                      |             |
| DATE:   |                       |                         | EN FOLONIE          |                                      | TOWNER (DED |
| DATE.   | TELEPHON              | E NUMBER:               |                     | ER IDENTIFICAT<br>ndividual Social S |             |
|   |                       |                         | ` <u> </u>          |                                      |             |
| We the undersigned,<br>Acts of 2004, signed l |                       |                         |                     |                                      |             |
| named license and (2 of 2010.                 |                       |                         |                     |                                      |             |
| Please Check Below:                           |                       |                         | LOCAL LICEN         | ISING AUTH                           | ORITY       |
| APPROVED:                                     | _                     |                         | By:                 |                                      |             |
| DISAPPROVED:                                  |                       |                         |                     |                                      |             |
| (If disapproved explain                       | <i>1)</i>             |                         |                     |                                      |             |
|   |                       |                         |                     |                                      |             |
| DATE:   |                       |                         |                     |                                      |             |
| APPLICATION FOR RENEWA                        | L MUST BE FILED BY L  | ICENSEES DURING THE I   | MONTH OF NOVEMBER ( | (M.G.L. Ch. 138 \$ 1                 | 6A)         |



www.mass.gov/abcc

| LICENSE NUN       | MBER: 010000074           |                            | CITY OR TOWN BEVE   | RLY             |
|-------------------|---------------------------|----------------------------|---|-----------------|
| APPLICATION       | N FOR RENEWAL:            | Annual                     | LICENSED FO   | R 2013          |
|                   |                           | CLASS                      |   | YEAR            |
| LICENSEE NA       | AME: BERTUCCI'S I         | RESTAURANT CORP.           |   |                 |
| DOING BUSIN       | NESS A BERTUCCI'S         | BRICK OVEN RISTO           | ORANTE  |                 |
| ADDRESS 25        | ENON STREET               |                            |   |                 |
| CITY/TOWN:        | BEVERLY                   | STATE: MA                  | ZIP CODE: 01915   |                 |
|                   | GARABEDIAN,<br>CHARLES D. | TYPE OF LICENSE: R         | estaurant CATEGO  | RY: All Alcohol |
| EMAIL ADDR        | ESS:                      |                            |   |                 |
|                   | PLEASE ALSO VISIT OU      | UR WEBSITE AND ENTER YOUR  | EMAIL ADDRESS   |                 |
| DESCRIPTION       | N OF LICENSED PRE         | MISES:                     |   |                 |
| 4500 st ft within | n one story building wi   | ith one front entrance ar  | nd one rear exit  |                 |
| I hereby certify  | and swear under penal     | lties of perjury that:     |   |                 |
| 1. the 1          | renewed license will be   | e of the same type for the | e same premises now licensed  | l;              |
| 2. the l          | licensee has complied v   | with all laws of the Con   | nmonwealth relating to taxes;   | and             |
| 3. the p          | premises are now open     | for business (If not exp   | plain below)  |                 |
| SIGNED BY         | Individual, Par           | tner or Authorized Corp    | porate Officer  |                 |
|                   |                           |                            |   |                 |
| DATE:             | TELEPH                    | IONE NUMBER:               | EMPLOYER IDENTIF<br>(Note: <u>NOT</u> Individual So   |                 |
| Acts of 2004, s   | signed by the building    | g inspector and the hea    | he certificate required by Cl<br>ad of the fire department for<br>surance required by Chapter | the above       |
| Please Check Belo | <u>w:</u>                 |                            | LOCAL LICENSING AU  | THORITY         |
| APPROVED:         |                           |                            | By:   |                 |
| DISAPPROVE        | <u> </u>                  |                            |   |                 |
| (If disapproved   | expiaiii)                 |                            |   |                 |
|                   |                           |                            |   |                 |
| DATE:             |                           |                            |   |                 |
| APPLICATION FOR   | RENEWAL MUST BE FILED     | BY LICENSEES DURING THE    | MONTH OF NOVEMBER (M.G.L. Ch. 1   | 38 \$ 16A)      |



www.mass.gov/abcc

| LICENSE NUMBER: 0100                                  | 000076                 |               | (          | CITY OR TOV     | VN BEVERL             | ΔY                 |
|---|------------------------|---------------|------------|-----------------|-----------------------|--------------------|
| APPLICATION FOR REN                                   | IEWAL:                 | Annu          | al         | LIC             | ENSED FOR             | 2013               |
|   |                        | CLAS          | SS         |                 |                       | YEAR               |
| LICENSEE NAME: GOA                                    | AT HILL, LLC           |               |            |                 |                       |                    |
| DOING BUSINESS A GO                                   | OAT HILL GRILI         | LE            |            |                 |                       |                    |
| ADDRESS 90 RANTOUL                                    | STREET                 |               |            |                 |                       |                    |
| CITY/TOWN: BEVERLY                                    | Y                      | STATE:        | MA         | ZIP CODE        | : 01915               |                    |
| MANAGER: Coluntino,                                   | Conti TYPE             | OF LICEN      | SE:Resta   | urant           | CATEGORY              | : All Alcohol      |
| EMAIL ADDRESS:  |                        |               |            |                 |                       |                    |
| PLEASE  | E ALSO VISIT OUR WEBSI | ITE AND ENTER | YOUR EMA   | IL ADDRESS      |                       |                    |
| DESCRIPTION OF LICEN                                  | NSED PREMISES          | S:            |            |                 |                       |                    |
| one room and kitchen with                             | cellar for storage     | on first floo | or of a th | ree story build | ing                   |                    |
| I hereby certify and swear                            | under penalties of     | perjury tha   | t:         |                 |                       |                    |
| 1. the renewed lice                                   | ense will be of the    | same type     | for the sa | ame premises i  | now licensed;         |                    |
| 2. the licensee has                                   | complied with all      | l laws of the | Commo      | nwealth relati  | ng to taxes; and      | d                  |
| 3. the premises are                                   | e now open for bu      | siness (If no | ot explair | n below)        |                       |                    |
|   |                        |               |            |                 |                       |                    |
| SIGNED BY   |                        |               |            |                 |                       |                    |
|   | ividual, Partner or    | Authorized    | Corpora    | ate Officer     |                       |                    |
|   |                        |               |            |                 |                       |                    |
|   |                        |               |            |                 |                       |                    |
| DATE:   | TELEPHONE 1            | MI IMBED.     |            | EMPLO           | YER IDENTIFIC         | ATION NUMBER:      |
|   | TELETHONE              | NOWIDEK.      |            | (Note: NOT      | Γ Individual Socia    | l Security Number) |
|   |                        |               |            |                 |                       |                    |
| We the undersigned, atte                              |                        | -             |            | -               |                       |                    |
| Acts of 2004, signed by the named license and (2) the |                        |               |            |                 |                       |                    |
| of 2010.  | e certificate of ne    | luoi naomi    | .y msara   | ince required   | by Chapter 1          | to of the Acts     |
| Please Check Below:                                   |                        |               |            | LOCALLIC        | ENSING AUT            | HORITY             |
| APPROVED:   |                        |               |            | By:             |                       |                    |
| DISAPPROVED:  |                        |               |            | <b>3</b> ·      |                       |                    |
| (If disapproved explain)                              |                        |               |            | -               |                       |                    |
|   |                        |               |            |                 |                       |                    |
| D. A. TELE  |                        |               |            |                 |                       |                    |
| DATE:   |                        |               |            |                 |                       |                    |
| APPLICATION FOR RENEWAL MU                            | JST BE FILED BY LICE   | NSEES DURING  | G THE MON  | NTH OF NOVEMBE  | ER (M.G.L. Ch. 138 \$ | 5 16A)             |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | ::010000078   |  | CITY OR        | IOWN DEVEKL                                 | I                       |
|--|---|--|----------------|---|-------------------------|
| APPLICATION FOR  | R RENEWAL:  | Annual   |                | LICENSED FOR 2                              | 2013                    |
|  |   | CLASS  |                |   | YEAR                    |
| LICENSEE NAME:<br>DOING BUSINESS<br>ADDRESS 294 CAE  | A RAWBERT   | IIC GARDEN RESTAUR<br>S ORGANIC CAFÉ   | ANT, INC.      |   |                         |
| CITY/TOWN: BEV   | 'ERLY   | STATE: MA  | ZIP CC         | DDE: 01915                                  |                         |
| MANAGER: REIL  | ), ROBERT   | TYPE OF LICENSE: Re  | estaurant      | CATEGORY                                    | : Wine and Malt Regular |
| EMAIL ADDRESS:   |   |  |                |   |                         |
| DESCRIPTION OF I ground floor of a one I hereby certify and s  1. the renew 2. the license | LICENSED PR<br>estory basement<br>wear under pen<br>ed license will be<br>ee has complied | a, approx 750 sq ft with er  | e same premis  | ses now licensed;                           |                         |
| SIGNED DI  | Individual, Pa  | artner or Authorized Corp  | orate Officer  |   |                         |
| DATE:  | TELEP   | HONE NUMBER:   |                | IPLOYER IDENTIFICA<br>NOT Individual Social |                         |
| Acts of 2004, signed   | d by the buildir  | e are in possession (1) the<br>ng inspector and the hea<br>te of liquor liability inst | d of the fire  | department for th                           | e above                 |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain                         | in)   |  | LOCAL I<br>By: | LICENSING AUTH                              | HORITY                  |
| DATE:  |   |  |                |   |                         |



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUI       | MBEK: 010000080                  |  | CITY OR TOWN BEVER                                 | L I                       |
|-------------------|----------------------------------|--|--|---------------------------|
| APPLICATIO        | N FOR RENEWAL:                   | Annual   | LICENSED FOR                                       | R 2013                    |
|                   |                                  | CLASS  |  | YEAR                      |
| DOING BUSIN       | AME: JATRA IND<br>NESS A TEDESCH |  |  |                           |
| ADDRESS 52        | CABOT STREET                     |  |  |                           |
| CITY/TOWN:        | BEVERLY                          | STATE: MA  | ZIP CODE: 01915                                    |                           |
| MANAGER:          | SHRESTHA,<br>YALEENA             | TYPE OF LICENSE: P                                   | Cackage Store CATEGOR                              | CY: Wine and Malt Regular |
| EMAIL ADDR        | RESS:                            |  |  |                           |
|                   | PLEASE ALSO VISIT                | OUR WEBSITE AND ENTER YOUR                           | EMAIL ADDRESS                                      |                           |
| DESCRIPTION       | N OF LICENSED PI                 | REMISES:   |  |                           |
| ONE STORY I       | BLDG. APPROX. 13                 | 390 S/F WITH FRONT E                                 | ENTRANCE ON CABOT STR                              | EET.                      |
|                   | premises are now op              | en for business (If not experiment or Authorized Cor |  | iid                       |
|                   |                                  |  |  |                           |
|                   |                                  |  |  |                           |
| DATE:             | TELEI                            | PHONE NUMBER:  | EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc |                           |
| Please Check Belo | ow:                              |  | LOCAL LICENSING AU'                                | THORITY                   |
| DISAPPROVE        | ED:                              |  | by.  |                           |
| (If disapproved   | l explain)                       |  |  |                           |
| DATE:             |                                  |  |  |                           |



www.mass.gov/abcc

| LICENSE NUMBER: 0   | 10000081                 |                     | CITY OR TOWN   | BEVERLY             |                             |
|---|--------------------------|---------------------|--|---------------------|-----------------------------|
| APPLICATION FOR R   | ENEWAL:                  | Annual              | LICEN  | SED FOR 20          | 013                         |
|   |                          | CLASS               |  |                     | YEAR                        |
| LICENSEE NAME: F  | AZIO ENTERPRISI          | ES, INC.            |  |                     |                             |
| DOING BUSINESS A  | SONNY'S MOBILE           |                     |  |                     |                             |
| ADDRESS 453 ESSEX   | STREET                   |                     |  |                     |                             |
| CITY/TOWN: BEVER  | ŁY                       | STATE: MA           | ZIP CODE:  | 01915               |                             |
| MANAGER: FAZIO,   | MICHAEL TYPE             | OF LICENSE: Pac     | ckage Store CA   | ATEGORY:            | Wine and<br>Malt Regular    |
| EMAIL ADDRESS:  | -                        | -                   |  |                     |                             |
| PLE   | ASE ALSO VISIT OUR WEBSI | TE AND ENTER YOUR E | MAIL ADDRESS   |                     |                             |
| DESCRIPTION OF LIC  | CENSED PREMISES          | S:                  |  |                     |                             |
| approx 2400 sq ft with  | exits in front and rea   | ar                  |  |                     |                             |
| <ul><li>2. the licensee l</li><li>3. the premises</li></ul>         |                          | l laws of the Com   | same premises now<br>monwealth relating to<br>ain below) |                     |                             |
| SIGNED BY   | ndividual, Partner or    | Authorized Corpo    | orate Officer  |                     |                             |
| DATE:   | TELEPHONE I              | NUMBER:             | EMPLOYER<br>(Note: <u>NOT</u> Ind                        |                     | ION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) |                          |                     | LOCAL LICENS By:   | ING AUTHO           | DRITY                       |
| DATE:   |                          |                     |  |                     |                             |
| APPLICATION FOR RENEWAL   | MUST BE FILED BY LICE    | NSEES DURING THE M  | ONTH OF NOVEMBER (M                                      | .G.L. Ch. 138 \$ 16 | jA)                         |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000083  | C                              | ITY OR TOWN BEVERLY   |
|--|--------------------------------|---|
| APPLICATION FOR RENEWAL:   | Annual                         | LICENSED FOR 2013   |
|  | CLASS                          | YEAR  |
| LICENSEE NAME: SAETANG & Y   | ON, INC.                       |   |
| DOING BUSINESS A KAME JAPAN  | NESE RESTAURANT                |   |
| ADDRESS 250-52 CABOT ST  |                                |   |
| CITY/TOWN: BEVERLY   | STATE: MA                      | ZIP CODE: 01915   |
| MANAGER: SAETANG, LILY T<br>LANG   | YPE OF LICENSE: Restau         | urant CATEGORY: All Alcohol   |
| EMAIL ADDRESS:   |                                |   |
| PLEASE ALSO VISIT OUI  | R WEBSITE AND ENTER YOUR EMAIL | L ADDRESS   |
| DESCRIPTION OF LICENSED PREM   |                                |   |
| MAIN FLOOR CONSISTING OF A R<br>LOCATED AT THE FRONT RIGHT                                 |                                |   |
| 2. the licensee has complied w 3. the premises are now open to SIGNED BY  Individual, Part |                                | below)  |
|  |                                |   |
| DATE: TELEPHO  | ONE NUMBER:                    | EMPLOYER IDENTIFICATION NUMBER:   |
|  |                                | (Note: NOT Individual Social Security Number)   |
| Acts of 2004, signed by the building   | inspector and the head of      | ertificate required by Chapter 304 of the<br>f the fire department for the above<br>nce required by Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)                        |                                | LOCAL LICENSING AUTHORITY By:   |
|  |                                |   |
| DATE:  |                                |   |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 010000085                                  | C                              | ITY OR TOWN BEVERLY            |                  |
|--|--------------------------------|--------------------------------|------------------|
| APPLICATION FOR RENEWAL:                                   | Annual                         | LICENSED FOR 2                 | 013              |
|  | CLASS                          |                                | YEAR             |
| LICENSEE NAME: Rooney Enterp                               | orises, Inc                    |                                |                  |
| DOING BUSINESS A Overtime                                  |                                |                                |                  |
| ADDRESS 208 RANTOUL ST                                     |                                |                                |                  |
| CITY/TOWN: BEVERLY   | STATE: MA                      | ZIP CODE: 01915                |                  |
| MANAGER: Rooney, David J                                   | TYPE OF LICENSE: Restar        | urant CATEGORY:                | All Alcohol      |
| EMAIL ADDRESS:   |                                |                                |                  |
|  | UR WEBSITE AND ENTER YOUR EMAI | L ADDRESS                      |                  |
| DESCRIPTION OF LICENSED PRE                                |                                |                                | NOEG             |
| FIRST FLOOR WITH OUTSIDE DE<br>AND EXITS AND TWO IN REAR ( |                                | R STORAGE, TWO ENTRA           | NCES             |
|  |                                |                                |                  |
| I hereby certify and swear under pena                      | alties of periury that:        |                                |                  |
| 1. the renewed license will be                             | 1 3 4                          | me premises now licensed;      |                  |
| 2. the licensee has complied                               | **                             | •                              |                  |
| 3. the premises are now open                               | n for business (If not explain | below)                         |                  |
|  |                                |                                |                  |
| SIGNED BY  | 4 A 41 1 C                     | 000                            |                  |
| individual, Pai  | rtner or Authorized Corpora    | te Officer                     |                  |
|  |                                |                                |                  |
| DATE: TELEPH   | HONE NUMBER:                   | EMPLOYER IDENTIFICAT           | ΓΙΟΝ NUMBER:     |
| I EEEI I   | IONE NOMBER.                   | (Note: NOT Individual Social S | Security Number) |
| We the undersigned, attest that we                         | are in necession (1) the e     | artificata raquirad by Chapt   | for 304 of the   |
| Acts of 2004, signed by the building                       | _                              |                                |                  |
| named license and (2) the certificat of 2010.              | te of liquor liability insura  | nce required by Chapter 110    | of the Acts      |
| Please Check Below:  |                                | LOCAL LICENSING AUTH           | ODITY            |
| APPROVED:  |                                | LOCAL LICENSING AUTH<br>By:    | ORITY            |
| DISAPPROVED:   |                                | Бу.                            |                  |
| (If disapproved explain)                                   |                                |                                |                  |
|  |                                |                                |                  |
| DATE:  |                                |                                |                  |
| DATE.  |                                |                                |                  |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | t: 010000086                                 |                          | CITY OR TOWN BEVER   | LY                   |
|--|--|--------------------------|--|----------------------|
| APPLICATION FOR  | RENEWAL:                                     | Annual                   | LICENSED FOR   | 2013                 |
|  |  | CLASS                    |  | YEAR                 |
| LICENSEE NAME:   | 11-23 ENON STR                               | EET CORPORATION          | N, INC   |                      |
| DOING BUSINESS   | A GARDEN CITY                                | PUB                      |  |                      |
| ADDRESS 25 ENON  | N ST   |                          |  |                      |
| CITY/TOWN: BEV   | 'ERLY  | STATE: MA                | ZIP CODE: 01915  |                      |
|  | ANASOPOUL TY                                 | PE OF LICENSE:Res        | ctaurant CATEGOR   | Y: All Alcohol       |
| EMAIL ADDRESS:   |  |                          |  |                      |
| ]  | PLEASE ALSO VISIT OUR W                      | EBSITE AND ENTER YOUR EM | MAIL ADDRESS   |                      |
| DESCRIPTION OF I   |  |                          |  |                      |
| FREE STANDING C<br>EXITS   |  |                          | T IN SIZE WITH FRONT A   | ND REAR              |
| 2. the license   | ee has complied with<br>ses are now open for | • 1                      |  |                      |
|  |  |                          |  |                      |
| DATE:  | TELEPHON                                     | IE NUMBER:               | EMPLOYER IDENTIFIC   | CATION NUMBER:       |
|  |  |                          | (Note: NOT Individual Soc  | ial Security Number) |
| Acts of 2004, signed   | d by the building in                         | spector and the head     | e certificate required by Chalof the fire department for rance required by Chapter | the above            |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla |  |                          | LOCAL LICENSING AUT  | ГНОКІТҮ              |
| . II F   | •  |                          |  |                      |
| DATE:  |  |                          |  |                      |



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE   | R: 010000087                     |                          | CITY OR TOWN BEVERL   | LY                      |  |  |
|---|----------------------------------|--------------------------|---|-------------------------|--|--|
| APPLICATION FO  | R RENEWAL:                       | Annual                   | LICENSED FOR  | 2013                    |  |  |
|   |                                  | CLASS                    |   | YEAR                    |  |  |
|   | : VINIFERA WINE  S A ALEXANDER'S |                          |   |                         |  |  |
| CITY/TOWN: BE   |                                  | STATE: MA                | ZIP CODE: 01915   |                         |  |  |
|   |                                  | PE OF LICENSE: Pac       |   | : Wine and Malt Regular |  |  |
| EMAIL ADDRESS   | :                                |                          |   |                         |  |  |
|   | PLEASE ALSO VISIT OUR W          | VEBSITE AND ENTER YOUR E | MAIL ADDRESS  |                         |  |  |
| DESCRIPTION OF  | LICENSED PREMI                   | SES:                     |   |                         |  |  |
| APPROX 1300 SQ<br>STORY WITH NO                                 |                                  | E FRONT DOOR AN          | ID A SINGLE BACK DOOR. (  | ONE<br>-                |  |  |
| 2. the licen  | see has complied with            | • •                      | same premises now licensed;<br>monwealth relating to taxes; and<br>ain below) | d                       |  |  |
| SIGNED B I  | Individual, Partne               | r or Authorized Corpo    | orate Officer   |                         |  |  |
| DATE:   | TELEPHON                         | NE NUMBER:               | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |                         |  |  |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl | Lain)                            |                          | LOCAL LICENSING AUT   | HORITY                  |  |  |
| DATE:   |                                  |                          |   |                         |  |  |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:                      | 010000088              |                    | CITY C         | OR TOWN      | BEVERLY           |                 |
|--------------------------------------|------------------------|--------------------|----------------|--------------|-------------------|-----------------|
| APPLICATION FOR                      | RENEWAL:               | Annual             |                | LICEN        | SED FOR 20        | )13             |
|                                      |                        | CLASS              |                |              |                   | YEAR            |
| LICENSEE NAME:                       | GOLF FACILITIE         | ES MANAGEME        | NT, INC        |              |                   |                 |
| DOING BUSINESS A                     | BEVERLY GOL            | LF & TENNIS CL     | UB             |              |                   |                 |
| ADDRESS 134 MCK                      | AY ST                  |                    |                |              |                   |                 |
| CITY/TOWN: BEVI                      | ERLY                   | STATE: N           | MA ZIP         | CODE:        | 01915             |                 |
| MANAGER: PAGE                        | , BURTON TY            | PE OF LICENSE      | Restaurant     | C            | ATEGORY:          | All Alcohol     |
| EMAIL ADDRESS:                       |                        |                    |                |              |                   |                 |
|                                      | LEASE ALSO VISIT OUR V |                    | UR EMAIL ADDRI | ESS          |                   |                 |
| DESCRIPTION OF L                     |                        |                    | D 2 D001/0     | ON SEGO      | NID ET COD        | ANTS.           |
| 3 ROOMS IN BASEM<br>ONE ROOM IN BASE |                        |                    | R,2 ROOMS      | ON SECC      | ND FLOOR          | AND             |
|                                      |                        |                    |                |              |                   |                 |
| I hereby certify and sw              | year under penaltie    | os of pariury that |                |              |                   |                 |
| •                                    | d license will be of   | 1 0 0              | r the same pre | emises now   | licensed:         |                 |
|                                      | e has complied with    | • •                | •              |              |                   |                 |
| 3. the premise                       | es are now open for    | r business (If not | explain below  | v)           |                   |                 |
|                                      |                        |                    |                |              |                   |                 |
| SIGNED BY                            | Indiaideal Daws        | A 1                |                |              |                   |                 |
|                                      | Individual, Partne     | r or Authorized C  | orporate OIII  | cer          |                   |                 |
|                                      |                        |                    |                |              |                   |                 |
| DATE:                                | TEI EPHON              | NE NUMBER:         |                | EMPLOYE      | R IDENTIFICAT     | ION NUMBER:     |
|                                      | TEEETHO                | VL IVOIVIDLIK.     | (N             | ote: NOT Inc | dividual Social S | ecurity Number) |
| We the undersigned,                  | attact that we are     | o in nagaagian (1  | ) the contific | ata maguin   | ed by Chant       | on 201 of the   |
| Acts of 2004, signed                 |                        | _                  |                | _            | -                 |                 |
| named license and (2 of 2010.        | the certificate o      | f liquor liability | insurance re   | quired by    | Chapter 116       | of the Acts     |
| Please Check Below:                  |                        |                    | LOCA           | ALLICENS     | SING AUTHO        | ORITY           |
| APPROVED:                            |                        |                    | By:            | il Lichi     |                   | JIII I          |
| DISAPPROVED:                         |                        |                    | ·              |              |                   |                 |
| (If disapproved explain              | n)                     |                    |                |              |                   |                 |
|                                      |                        |                    |                |              |                   |                 |
| DATE:                                |                        |                    |                |              |                   |                 |
| •                                    |                        |                    |                |              |                   |                 |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | .: 010000089             |   | CITY OR TOWN       | 1 BEVERLY  |
|--|--------------------------|---|--------------------|--|
| APPLICATION FOR  | R RENEWAL:               | Annual  | LICE               | NSED FOR 2013  |
|  |                          | CLASS   |                    | YEAR   |
| LICENSEE NAME:   | CIAO FOODS, INC          | Z   |                    |  |
| DOING BUSINESS   | A CHIANTI CAFE           | & GRILL   |                    |  |
| ADDRESS 00285D   | CABOT STREET             |   |                    |  |
| CITY/TOWN: BEV   | ERLY                     | STATE: MA   | ZIP CODE:          | 01915  |
| MANAGER: MAR<br>RICH   | INO, TYP                 | PE OF LICENSE: Res  | taurant (          | CATEGORY: All Alcohol  |
| EMAIL ADDRESS:   |                          |   |                    |  |
| ]  | PLEASE ALSO VISIT OUR WE | EBSITE AND ENTER YOUR EM  | IAIL ADDRESS       |  |
| DESCRIPTION OF I   |                          |   |                    |  |
| APPROX 1200 SQF<br>ENTRANCES IN FR                               |                          |   |                    |  |
|  | ses are now open for     | all laws of the Comn<br>business (If not expla<br>or Authorized Corpo | iin below)         | to taxes; and  |
|  |                          |   |                    |  |
| DATE:  | TELEPHONI                | E NUMBER:   | EMPLOYI            | ER IDENTIFICATION NUMBER:  |
|  |                          |   | (Note: NOT I       | ndividual Social Security Number)  |
| Acts of 2004, signed   | l by the building ins    | spector and the head  | of the fire depar  | ired by Chapter 304 of the<br>treat for the above<br>y Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla | in)                      |   | LOCAL LICEN<br>By: | ISING AUTHORITY  |
|  |                          |   |                    |  |
| DATE:  |                          |   |                    |  |



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 01                    | 10000090              |                       | CITY OR TOWN  | BEVERLY      | •                        |  |
|---------------------------------------|-----------------------|-----------------------|---|--------------|--------------------------|--|
| APPLICATION FOR R                     | ENEWAL:               | Annual                | LICEN   | SED FOR 20   | 013                      |  |
|                                       |                       | CLASS                 |   |              | YEAR                     |  |
| LICENSEE NAME: H                      | ENRY'S FOOD,I         | NC.                   |   |              |                          |  |
| DOING BUSINESS A                      | HENTY'S WINE          | CELLAR                |   |              |                          |  |
| ADDRESS 588 CABOT                     | STREET                |                       |   |              |                          |  |
| CITY/TOWN: BEVER                      | LY                    | STATE: MA             | ZIP CODE:   | 01915        |                          |  |
| MANAGER: ROSSI,                       | EUGENE JR TYP         | E OF LICENSE:P        | ackage Store CA   | ATEGORY:     | Wine and<br>Malt Regular |  |
| EMAIL ADDRESS:                        |                       |                       |   |              |                          |  |
| PLEA                                  | ASE ALSO VISIT OUR WE | EBSITE AND ENTER YOUR | EMAIL ADDRESS   |              | _                        |  |
| DESCRIPTION OF LIC                    | ENSED PREMIS          | SES:                  |   |              |                          |  |
| unit in a mall that is approach sq ft | rox 25x100 ft. doc    | ors located in back   | and front of store and  | contains app | orox 2313                |  |
| 3. the premises SIGNED BY             | are now open for      | business (If not exp  |   | , tures, und |                          |  |
|                                       |                       |                       |   |              |                          |  |
|                                       |                       |                       |   |              |                          |  |
| DATE:                                 | TELEPHON              | E NUMBER:             | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |              |                          |  |
| Please Check Below:                   |                       |                       | LOCAL LICENS  | ING AUTHO    | ORITY                    |  |
| APPROVED: DISAPPROVED:                |                       |                       | By:   |              |                          |  |
| (If disapproved explain)              |                       |                       | <u>-</u>  |              |                          |  |
|                                       |                       |                       |   |              |                          |  |
| DATE:                                 |                       |                       |   |              |                          |  |



www.mass.gov/abcc

| LICENSE NUMBER:          | )10000091                   |                   | CITY OR TOWN          | BEVERLY             |                          |
|--------------------------|-----------------------------|-------------------|-----------------------|---------------------|--------------------------|
| APPLICATION FOR F        | RENEWAL:                    | Annual            | LICEN                 | SED FOR 20          | 013                      |
|                          |                             | CLASS             |                       |                     | YEAR                     |
| LICENSEE NAME: N         | MASCOT, INC.                |                   |                       |                     |                          |
| DOING BUSINESS A         | SUNOCO APLUS                |                   |                       |                     |                          |
| ADDRESS 131 BRIMI        | BAL AVENUE                  |                   |                       |                     |                          |
| CITY/TOWN: BEVE          | RLY S                       | TATE: MA          | ZIP CODE:             | 01915               |                          |
| MANAGER: GUARI           | INO, BIAGO TYPE OF          | F LICENSE: Pac    | ekage Store CA        | ATEGORY:            | Wine and<br>Malt Regular |
| EMAIL ADDRESS:           |                             |                   |                       |                     |                          |
| PLI                      | EASE ALSO VISIT OUR WEBSITE | AND ENTER YOUR EN | MAIL ADDRESS          |                     | 1                        |
| DESCRIPTION OF LI        | CENSED PREMISES:            |                   |                       |                     |                          |
| 2800 sq ft retail conve  | enience food store with a   | a sunoco brande   | d motor fuel facility |                     |                          |
| I hereby certify and swe | ear under penalties of pe   | erjury that:      |                       |                     |                          |
| 1. the renewed           | license will be of the sa   | me type for the   | same premises now     | licensed;           |                          |
| 2. the licensee          | has complied with all la    | ws of the Comr    | nonwealth relating to | taxes; and          |                          |
|                          | s are now open for busin    |                   | =                     | ,                   |                          |
|                          | <u> </u>                    |                   |                       |                     |                          |
| CICNED DV                |                             |                   |                       |                     |                          |
| SIGNED BY                | Individual, Partner or A    | uthorized Corpo   | orate Officer         |                     |                          |
|                          | •                           | ·                 |                       |                     |                          |
|                          |                             |                   |                       |                     |                          |
| DATE:                    | TEL EDITORE VI              |                   | EMPLOYED              | IDENTIFICAT         | IONI NILIMBED.           |
| DATE.                    | TELEPHONE NU                | MBER:             | (Note: NOT Ind        |                     | ION NUMBER:              |
|                          |                             |                   | ( <u></u> <u></u>     | Trium Boom B        | county i value of y      |
|                          |                             |                   |                       |                     |                          |
| Please Check Below:      |                             |                   | LOCAL LICENS          | ING AUTHO           | ORITY                    |
| APPROVED:                |                             |                   | By:                   |                     |                          |
| DISAPPROVED:             |                             |                   | •                     |                     |                          |
| (If disapproved explain  | )                           |                   |                       |                     |                          |
|                          |                             |                   |                       |                     |                          |
|                          |                             |                   |                       |                     |                          |
| DATE:                    |                             |                   |                       |                     |                          |
| APPLICATION FOR RENEWAL  | L MUST BE FILED BY LICENSI  | EES DURING THE M  | ONTH OF NOVEMBER (M   | .G.L. Ch. 138 \$ 16 | jA)                      |



www.mass.gov/abcc

| LICENSE NUI   | MBEK: 010000092                |   | CHYC        | K IOWI    | N DEVEKLI      |                          |
|---|--------------------------------|---|-------------|-----------|----------------|--------------------------|
| APPLICATIO  | N FOR RENEWAL:                 | Annual  |             | LICE      | NSED FOR 20    | 013                      |
|   |                                | CLASS   |             |           |                | YEAR                     |
| LICENSEE NA   | AME: SOMPONG                   | & SON, INC  |             |           |                |                          |
| DOING BUSI  | NESS A SIAM DEL                | JGHT  |             |           |                |                          |
| ADDRESS 128   | 8 CABOT ST                     |   |             |           |                |                          |
| CITY/TOWN:  | BEVERLY                        | STATE: MA   | ZIP         | CODE:     | 01915          |                          |
| MANAGER:  | HIRIKUL,<br>RATHASED,<br>BRIAN | TYPE OF LICENSE: Re   | staurant    | (         | CATEGORY:      | Wine and<br>Malt Regular |
| EMAIL ADDR  | RESS:                          |   |             |           |                | ]                        |
|   | PLEASE ALSO VISIT              | OUR WEBSITE AND ENTER YOUR E  | MAIL ADDRE  | ESS       |                |                          |
| DESCRIPTION   | N OF LICENSED PI               | REMISES:  |             |           |                |                          |
|   |                                | NT AND SIDE EXITS, KI<br>ABOVE ADDRESS.   | TCHENS      | , RESTE   | ROOMS AND      |                          |
|   |                                |   |             |           |                |                          |
| 3. the SIGNED BY  |                                | en for business (If not expl  |             |           |                |                          |
|   |                                |   |             |           |                |                          |
| DATE:   | TELEI                          | PHONE NUMBER:   | (Ne         |           | ER IDENTIFICAT |                          |
| Acts of 2004,   | signed by the build            | we are in possession (1) the ing inspector and the heat eate of liquor liability insu | d of the f  | ïre depai | rtment for the | above                    |
| Please Check Belo<br>APPROVED:<br>DISAPPROVE<br>(If disapproved | ED:                            |   | LOCA<br>By: | AL LICEN  | NSING AUTH     | ORITY                    |
| DATE:   |                                |   |             |           |                |                          |



www.mass.gov/abcc

| LICENSE NUMBER:  | 010000094                          |                    | CITY OF           | R TOWN      | BEVERLY          |                 |
|--|------------------------------------|--------------------|-------------------|-------------|------------------|-----------------|
| APPLICATION FOR  | RENEWAL:                           | Annual             |                   | LICEN       | SED FOR 20       | 013             |
|  |                                    | CLASS              |                   |             |                  | YEAR            |
| LICENSEE NAME:   | BEVERLY JADE, I                    | NC                 |                   |             |                  |                 |
| DOING BUSINESS A   | Beverly Jade Chine                 | ese Restaurant     |                   |             |                  |                 |
| ADDRESS 277 RANT   | OUL STREET                         |                    |                   |             |                  |                 |
| CITY/TOWN: BEVE  | ERLY                               | STATE: N           | MA ZIP C          | CODE:       | 01915            |                 |
| MANAGER: CHEN  | , LENNY D. TYP                     | E OF LICENSE       | :Restaurant       | CA          | ATEGORY:         | All Alcohol     |
| EMAIL ADDRESS:   |                                    |                    |                   |             |                  |                 |
| PI   | EASE ALSO VISIT OUR WEI            | BSITE AND ENTER YO | OUR EMAIL ADDRESS | S           |                  | _               |
| DESCRIPTION OF LI  | CENSED PREMIS                      | ES:                |                   |             |                  |                 |
| 277 RANTOUL ST., E<br>W/ AN APPROVED A<br>ACCESS. BATHROO<br>INCLUDES S, 1 BED | ANSELL FIRE PRO<br>MS, 3 MEANS EGI | TECTION SYS        | T. & 12 FOOT      | Γ HOOD,     | 2 HANDICA        |                 |
| I hereby certify and sw  | ear under penalties                | of perjury that:   |                   |             |                  |                 |
| 1. the renewed   | l license will be of the           | he same type for   | r the same pren   | nises now   | licensed;        |                 |
| 2. the licensee  | has complied with                  | all laws of the C  | Commonwealth      | relating to | taxes; and       |                 |
| 3. the premise   | s are now open for b               | ousiness (If not e | explain below)    |             |                  |                 |
| SIGNED BY  | Individual, Partner (              | or Authorized C    | orporate Offic    | er          |                  |                 |
| D. 1.000   |                                    |                    |                   |             |                  |                 |
| DATE:  | TELEPHONE                          | E NUMBER:          |                   |             |                  | ION NUMBER:     |
|  |                                    |                    | (1101             | e: NOT Ind  | ividual Social S | ecurity Number) |
| We the undersigned,<br>Acts of 2004, signed anamed license and (2 of 2010.     | by the building insp               | pector and the     | head of the fir   | e departr   | nent for the     | above           |
| Please Check Below:  |                                    |                    | LOCAI             | L LICENS    | ING AUTHO        | ORITY           |
| APPROVED:  |                                    |                    | By:               |             |                  |                 |
| DISAPPROVED:   |                                    |                    |                   |             |                  |                 |
| (If disapproved explain  | 1)                                 |                    |                   |             |                  |                 |
|  |                                    |                    |                   |             |                  |                 |
| DATE:  |                                    |                    |                   |             |                  |                 |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER                     | ::010000095           | (  | CITY OR TO   | OWN BEVERLY          | Y                |
|------------------------------------|-----------------------|--|--|----------------------|------------------|
| APPLICATION FOR                    | R RENEWAL:            | Annual   | L  | ICENSED FOR 2        | 2013             |
|                                    |                       | CLASS  |  |                      | YEAR             |
| LICENSEE NAME:                     | J.J. BRODIES IN       | C.   |  |                      |                  |
| DOING BUSINESS                     | A J. BRODY'S EA       | TING HOUSE   |  |                      |                  |
| ADDRESS 00282A                     | CABOT ST              |  |  |                      |                  |
| CITY/TOWN: BEV                     | ERLY                  | STATE: MA  | ZIP COD  | DE: 01015            |                  |
| MANAGER: DEIS R.                   | LEY, JOSEPH TY        | PE OF LICENSE: Rest  | aurant   | CATEGORY:            | All Alcohol      |
| EMAIL ADDRESS:                     |                       |  |  |                      |                  |
| ]                                  | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR EMA   | AIL ADDRESS  |                      |                  |
| DESCRIPTION OF I                   |                       |  |  |                      |                  |
|                                    | STROOMS. ONE          | ATED ON THE GROUI<br>ENTRANCE TO CABO<br>MENT                                  |  |                      | AR               |
| I hereby certify and s             | wear under penaltie   | es of perjury that:  |  |                      | -                |
| •                                  | •                     | f the same type for the s  | ame premise  | s now licensed;      |                  |
| 2. the license                     | ee has complied wit   | th all laws of the Comme   | onwealth rela  | ating to taxes; and  |                  |
| 3. the premis                      | ses are now open for  | r business (If not explai  | n below)   |                      |                  |
| SIGNED BY                          | Individual, Partne    | er or Authorized Corpor  | ate Officer  |                      |                  |
|                                    |                       |  |  |                      |                  |
| DATE:                              | TELEPHO               | NE NUMBER:   |  | LOYER IDENTIFICA     |                  |
|                                    |                       |  | (Note: Note: | OT Individual Social | Security Number) |
| Acts of 2004, signed               | by the building in    | re in possession (1) the<br>aspector and the head<br>of liquor liability insur | of the fire d  | epartment for the    | e above          |
| Please Check Below:                |                       |  | LOCAL LI   | CENSING AUTH         | IORITY           |
| APPROVED:                          |                       |  | By:  |                      |                  |
| DISAPPROVED: (If disapproved expla | in)                   |  |  |                      |                  |
| (11 disappioved expla              | <i>)</i>              |  |  |                      |                  |
|                                    |                       |  |  |                      | <del></del>      |
| DATE:                              |                       |  |  |                      |                  |
|                                    |                       |  |  |                      |                  |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NU                                    | MBER: 010000096        |                               | CITY OR TOWN BEVERLY  |
|---|------------------------|-------------------------------|---|
| APPLICATIO                                    | N FOR RENEWAL:         | Annual                        | LICENSED FOR 2013   |
|   |                        | CLASS                         | YEAR  |
| LICENSEE N                                    | AME: M.T.K.R. CA       | FE INC.                       |   |
| DOING BUSI                                    | NESS A CAFE SAL        | ERNO                          |   |
| ADDRESS 73                                    | CABOT STREET           |                               |   |
| CITY/TOWN                                     | : BEVERLY              | STATE: MA                     | ZIP CODE: 01915   |
| MANAGER:                                      | ROTONDO,<br>MICHAEL T. | TYPE OF LICENSE: Rest         | taurant CATEGORY: All Alcohol   |
| EMAIL ADDI                                    | RESS:                  |                               |   |
|   |                        | OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS  |
|   | N OF LICENSED PR       |                               |   |
| DOUGH/STO                                     |                        | NG WITH CENTER AND I          | REAR EXITS. STORAGE WILL BE IN  |
| 3. the SIGNED BY                              |                        | en for business (If not expla |   |
| D 4 TF  |                        |                               |   |
| DATE:   | TELEP                  | HONE NUMBER:                  | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)   |
| Acts of 2004,                                 | signed by the buildi   | ng inspector and the head     | e certificate required by Chapter 304 of the<br>of the fire department for the above<br>rance required by Chapter 116 of the Acts |
| Please Check Bel<br>APPROVED:<br>DISAPPROVED: | ED:                    |                               | LOCAL LICENSING AUTHORITY By:   |
|   |                        |                               |   |
| DATE:   |                        |                               |   |



www.mass.gov/abcc

| LICENSE NUMBER: 010000097  |                             | CITY OR TOWN BEVERLY                                   | (                  |
|--|-----------------------------|--|--------------------|
| APPLICATION FOR RENEWAL:   | Annual                      | LICENSED FOR 2   | 013                |
|  | CLASS                       |  | YEAR               |
| LICENSEE NAME: SCOFFLAW IN   | C.                          |  |                    |
| DOING BUSINESS A SCOFFLAW  |                             |  |                    |
| ADDRESS 00252B CABOT STREET  |                             |  |                    |
| CITY/TOWN: BEVERLY   | STATE: MA                   | ZIP CODE: 01915  |                    |
| MANAGER: LAZARIDES, T<br>ANASTASIOS  | YPE OF LICENSE: Res         | taurant CATEGORY:                                      | All Alcohol        |
| EMAIL ADDRESS:   |                             |  |                    |
| PLEASE ALSO VISIT OUR  | R WEBSITE AND ENTER YOUR EM | IAIL ADDRESS   |                    |
| DESCRIPTION OF LICENSED PREM   | MISES:                      |  |                    |
| APPROX. 1800 S/F INCLUDING REAREA, OFFICE, KITCHEN, BATHROONTO CABOT ST. IN FRONT AND                                    | OOM AND COAT ROC            | OM. TWO ENTRANCE/EXITS                                 |                    |
| I hereby certify and swear under penalt  | ies of perjury that:        |  |                    |
| 1. the renewed license will be   | of the same type for the    | same premises now licensed;                            |                    |
| 2. the licensee has complied w   | ith all laws of the Comm    | nonwealth relating to taxes; and                       |                    |
| 3. the premises are now open f   | or business (If not expla   | in below)  |                    |
|  |                             |  |                    |
| SIGNED BY<br>Individual, Partr   | ner or Authorized Corpo     | rate Officer   |                    |
|  |                             |  |                    |
| DATE.  |                             |  |                    |
| DATE: TELEPHO  | ONE NUMBER:                 | EMPLOYER IDENTIFICATION (Note: NOT Individual Social S |                    |
|  |                             | (1100). INDI murviduai Sociai S                        | security (vullber) |
| We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010. | inspector and the head      | of the fire department for the                         | e above            |
| Please Check Below:  |                             | LOCAL LICENSING AUTH                                   | ORITY              |
| APPROVED:  |                             | By:  |                    |
| DISAPPROVED:   |                             |  |                    |
| (If disapproved explain)   |                             |  |                    |
|  |                             |  |                    |
| DATE:  |                             |  | <del></del> ,      |
|  |                             |  |                    |



www.mass.gov/abcc

| LICENSE NUMBER   | : 010000098   |                  | CI                  | IY OR IO         | WN DEVERL   | Ĺ                        |
|--|---|------------------|---------------------|------------------|---|--------------------------|
| APPLICATION FOR  | RENEWAL:  | Annu             | al                  | LIC              | CENSED FOR 2                                      | 013                      |
|  |   | CLAS             | SS                  |                  |   | YEAR                     |
| LICENSEE NAME:   | EUROSTOVES IN   | IC.              |                     |                  |   |                          |
| DOING BUSINESS A   | A EUROSTOVES,   | THE CULINA       | RY CEN              | ΓER              |   |                          |
| ADDRESS 00045B E   | ENON STREET   |                  |                     |                  |   |                          |
| CITY/TOWN: BEV   | ERLY  | STATE:           | MA                  | ZIP CODE         | E: 01915  |                          |
| MANAGER: CALL<br>KARI  |   | PE OF LICEN      | SE:Genera<br>premis |                  | CATEGORY:   | Wine and<br>Malt Regular |
| EMAIL ADDRESS:   |   |                  |                     |                  |   |                          |
| I  | LEASE ALSO VISIT OUR W  | EBSITE AND ENTER | YOUR EMAIL          | ADDRESS          |   |                          |
| DESCRIPTION OF I   | LICENSED PREMIS   | SES:             |                     |                  |   |                          |
| 4000 SQ.FT. CULIN.<br>ROOM AND STORA<br>AVAILABLE TO PU              | GE. FRONT ENTI  | RANCE W/ DO      |                     |                  |   |                          |
|  | e has complied with<br>es are now open for<br>Individual, Partner | business (If no  | ot explain          | below)           |   |                          |
|  |   |                  |                     |                  |   |                          |
| DATE:  |   |                  |                     |                  |   | TION NUMBER              |
| DATE.  | TELEPHON  | E NUMBER:        |                     |                  | OYER IDENTIFICATION $f T$ Individual Social $f T$ |                          |
| We the undersigned Acts of 2004, signed named license and ( of 2010. | by the building in  | spector and th   | e head of           | the fire dep     | partment for the                                  | e above                  |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla     | in)   |                  |                     | LOCAL LIC<br>By: | ENSING AUTH                                       | ORITY                    |
| DATE:  |   |                  |                     |                  |   |                          |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | R: 010000100            | (   | CITY OR            | TOWN    | BEVERLY      |                             |
|--|-------------------------|---|--------------------|---------|--------------|-----------------------------|
| APPLICATION FOI  | R RENEWAL:              | Annual  |                    | LICENS  | SED FOR 20   | 013                         |
|  |                         | CLASS   |                    |         |              | YEAR                        |
| LICENSEE NAME:<br>DOING BUSINESS                                     |                         |   |                    |         |              |                             |
| ADDRESS 200 RAN  | NTOUL STREET            |   |                    |         |              |                             |
| CITY/TOWN: BEV   | /ERLY                   | STATE: MA   | ZIP C              | ODE:    | 01915        |                             |
| MANAGER: MAR<br>A. JR  |                         | PE OF LICENSE: Rest   | aurant             | CA      | TEGORY:      | Wine and<br>Malt Cordials   |
| EMAIL ADDRESS:   |                         |   |                    |         |              |                             |
|  | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EMA   | AIL ADDRESS        |         |              |                             |
| DESCRIPTION OF   |                         |   | 017 <b>D</b> 7 D D | mua no  |              |                             |
|  |                         | REA, REFRIGERATION STEEL ON 1ST FI  |                    | NING RO | OM, SMAL     | L                           |
|  | ses are now open for    | n all laws of the Common business (If not explain r or Authorized Corpor    | in below)          |         | taxes; and   |                             |
| DATE:  | TELEPHON                | IE NUMBER:  |                    |         |              | ION NUMBER: ecurity Number) |
| Acts of 2004, signed   | d by the building in    | e in possession (1) the<br>spector and the head<br>f liquor liability insur | of the fire        | departn | nent for the | above                       |
| Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain | ain)                    |   | LOCAL<br>By:       | LICENSI | ING AUTHO    | ORITY                       |
| DATE:  |                         |   |                    |         |              |                             |



www.mass.gov/abcc

| LICENSE NUMBER: 0100  | 00101             |                 | (          | CITY OR T  | rown      | BEVERLY          | -                        |
|---|-------------------|-----------------|------------|------------|-----------|------------------|--------------------------|
| APPLICATION FOR REN   | EWAL:             | Annu            | ıal        |            | LICEN     | SED FOR 20       | 013                      |
|   |                   | CLA             | SS         |            |           |                  | YEAR                     |
| LICENSEE NAME: NAR  | DEL INC.          |                 |            |            |           |                  |                          |
| DOING BUSINESS A CIE  | ELITO LINDO       | MEXICAN (       | GRILL      |            |           |                  |                          |
| ADDRESS 150 CABOT ST  | TREET             |                 |            |            |           |                  |                          |
| CITY/TOWN: BEVERLY  | r                 | STATE:          | MA         | ZIP CC     | DE:       | 01915            |                          |
| MANAGER: MASTRAN<br>MARLENI   | IGELO, TYP        | E OF LICEN      | SE:Resta   | urant      | CA        | ATEGORY:         | Wine and<br>Malt Regular |
| EMAIL ADDRESS:  |                   |                 |            |            |           |                  |                          |
| PLEASE A  | ALSO VISIT OUR WE | BSITE AND ENTER | R YOUR EMA | L ADDRESS  |           |                  | _                        |
| DESCRIPTION OF LICEN  |                   |                 |            |            |           |                  |                          |
| 1ST FLOOR OF 3 STORY<br>FOR STORAGE AND OFF   |                   |                 |            |            |           | EN AREA, C       | CELLAR                   |
| I hereby certify and swear u  | nder penalties    | of perjury tha  | ıt:        |            |           |                  |                          |
| 1. the renewed lice   | nse will be of t  | he same type    | for the sa | me premis  | ses now   | licensed;        |                          |
| 2. the licensee has   | complied with     | all laws of the | e Commo    | nwealth re | lating to | taxes; and       |                          |
| 3. the premises are   | now open for b    | business (If n  | ot explair | below)     |           |                  |                          |
|   |                   |                 |            |            |           |                  |                          |
| SIGNED BY   |                   |                 |            |            |           |                  |                          |
| Indiv   | vidual, Partner   | or Authorized   | d Corpora  | te Officer |           |                  |                          |
|   |                   |                 |            |            |           |                  |                          |
|   |                   |                 |            |            |           |                  |                          |
| DATE:   | TELEPHONE         | E NUMBER:       |            |            |           |                  | ΓΙΟΝ NUMBER:             |
|   |                   |                 |            | (Note:     | NOT Ind   | ividual Social S | Security Number)         |
| We the undersigned, attes Acts of 2004, signed by th named license and (2) the of 2010. | e building ins    | pector and t    | he head o  | f the fire | departı   | nent for the     | above                    |
| Please Check Below:   |                   |                 |            | LOCAL I    | LICENS    | ING AUTH         | ORITY                    |
| APPROVED:   |                   |                 |            | By:        |           |                  |                          |
| DISAPPROVED:  |                   |                 |            |            |           |                  |                          |
| (If disapproved explain)  |                   |                 |            |            |           |                  |                          |
|   |                   |                 |            |            |           |                  |                          |
| DATE:   |                   |                 |            |            |           |                  |                          |



www.mass.gov/abcc

| LICENSE NUMB        | ER: 010000104                          |                          | CITY OR TOWN BEVERLY   | Y                        |
|---------------------|--|--------------------------|--|--------------------------|
| APPLICATION F       | OR RENEWAL:                            | Annual                   | LICENSED FOR 2   | .013                     |
|                     |  | CLASS                    |  | YEAR                     |
| LICENSEE NAM        | E: AMERICAN BBQ                        | LLC                      |  |                          |
| DOING BUSINES       | SS A THE AMERICAN                      | N BBQ                    |  |                          |
| ADDRESS 950 C       | UMMINGS CENTER S                       | SUITE 96X                |  |                          |
| CITY/TOWN: B        | EVERLY                                 | STATE: MA                | ZIP CODE: 01915  |                          |
| MANAGER: PI         | ERRO,STEPHEN TYP                       | 'E OF LICENSE: Res       | taurant CATEGORY:  | Wine and<br>Malt Regular |
| EMAIL ADDRES        | S:                                     |                          |  |                          |
|                     | PLEASE ALSO VISIT OUR WI               | EBSITE AND ENTER YOUR EM | IAIL ADDRESS   |                          |
|                     | F LICENSED PREMIS                      |                          |  |                          |
|                     | 'ITH TWO LANDIW F<br>RTITION SEPARATIN |                          | IS ROOM.20-25 DEAT BAR V<br>ING ROOM.  | VITH                     |
| I hereby certify an | d swear under penalties                | of perjury that:         |  |                          |
| 1. the ren          | ewed license will be of                | the same type for the    | same premises now licensed;  |                          |
| 2. the lice         | ensee has complied with                | all laws of the Comm     | nonwealth relating to taxes; and   |                          |
| 3. the pre          | mises are now open for                 | business (If not expla   | in below)  |                          |
|                     |  |                          |  |                          |
| SIGNED BY           |  |                          | 0.07   |                          |
|                     | Individual, Partner                    | or Authorized Corpor     | rate Officer   |                          |
|                     |  |                          |  |                          |
| DATE:               | THE FRANCIS                            |                          | EMPLOYER IDENTIFICA  | TION NUMBER.             |
| DITTE.              | TELEPHON                               | E NUMBER:                | (Note: NOT Individual Social   |                          |
|                     |  |                          |  |                          |
| Acts of 2004, sign  | ned by the building ins                | spector and the head     | certificate required by Chap<br>of the fire department for the<br>rance required by Chapter 11 | e above                  |
| of 2010.            |  |                          |  |                          |
| Please Check Below: | _                                      |                          | LOCAL LICENSING AUTH   | ORITY                    |
| APPROVED:           |  |                          | By:  |                          |
| DISAPPROVED:        | nloin)                                 |                          |  |                          |
| (If disapproved ex  | piaiii)                                |                          |  |                          |
|                     |  |                          |  |                          |
| DATE:               |  |                          |  |                          |
|                     |  |                          |  |                          |



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUI       | MBER: 010000105                     |                               | CITY OR TOWN BEVERL   | Y                          |
|-------------------|-------------------------------------|-------------------------------|---|----------------------------|
| APPLICATIO        | N FOR RENEWAL:                      | Annual                        | LICENSED FOR  | 2013                       |
|                   |                                     | CLASS                         |   | YEAR                       |
| LICENSEE NA       | AME: JHM LTD.                       |                               |   |                            |
| DOING BUSI        | NESS A UPPER CR                     | UST                           |   |                            |
| ADDRESS 55        | DODGE STREET                        |                               |   |                            |
| CITY/TOWN:        | BEVERLY                             | STATE: MA                     | ZIP CODE: 01915   |                            |
| MANAGER:          | BUCHHALTER,<br>MICHAEL              | TYPE OF LICENSE: Res          | taurant CATEGORY  | : Wine and<br>Malt Regular |
| EMAIL ADDR        | RESS:                               |                               |   |                            |
|                   | PLEASE ALSO VISIT                   | OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS  |                            |
| DESCRIPTION       | N OF LICENSED PF                    | REMISES:                      |   |                            |
|                   | ESTAURANT SEAT<br>EXIT IN STRIP MAL |                               | E KITCHENFRONT ENTRA  | ANCE                       |
| I hereby certify  | and swear under per                 | nalties of perjury that:      |   |                            |
| 1. the            | renewed license will                | be of the same type for the   | same premises now licensed;   |                            |
| 2. the            | licensee has complied               | d with all laws of the Comm   | nonwealth relating to taxes; and  | 1                          |
| 3. the            | premises are now ope                | en for business (If not expla | in below)   |                            |
|                   |                                     |                               |   |                            |
| SIGNED BY         |                                     |                               |   |                            |
|                   | Individual, P                       | artner or Authorized Corpo    | rate Officer  |                            |
|                   |                                     |                               |   |                            |
|                   |                                     |                               |   |                            |
| DATE:             | TELEF                               | PHONE NUMBER:                 | EMPLOYER IDENTIFICA   | ATION NUMBER:              |
|                   |                                     |                               | (Note: NOT Individual Social  | Security Number)           |
| Acts of 2004,     | signed by the buildi                | ing inspector and the head    | e certificate required by Chap<br>of the fire department for th<br>rance required by Chapter 11 | e above                    |
| Please Check Belo | <u>ow:</u>                          |                               | LOCAL LICENSING AUTH  | HORITY                     |
| APPROVED:         |                                     |                               | By:   |                            |
| DISAPPROVE        |                                     |                               |   |                            |
| (If disapproved   | l explain)                          |                               |   |                            |
|                   |                                     |                               | -   |                            |
| DATE:             |                                     |                               |   |                            |
|                   |                                     |                               |   |                            |